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SALISBURY, MD

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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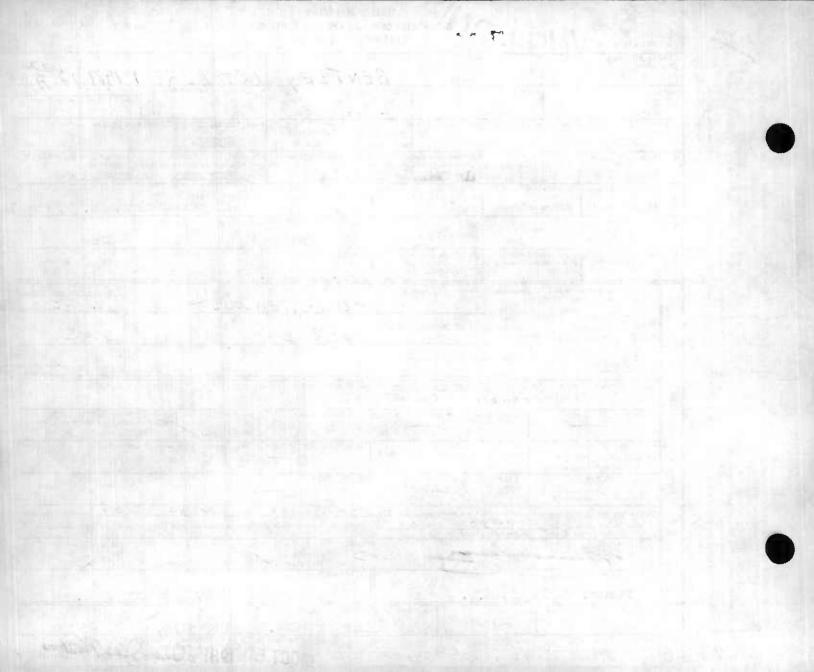
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR October 14, 1981 8:20 A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH WICOMICO 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY pore 13e STREET ADDRESS MIDDLE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN Deer's Head Center, Salisbury, MD 21801

DHMH - 16 50M 1/81 (VRA 15, 4)

(VRA 15, 4) 1/79

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STATE OF MARYLAND



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STATE OF MARYLAND . DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-10-7-81 Bridges Alice Mae 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED May 10, 1898 83 YRS Female White October 7a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WICOMICO New York USA WIDOWED TX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOSI OF WORKING LIFE). TOUSEWIFE Peninsula General Hospital Salisbury Salisbury 13d. INSIDE CITY LIMITS? 407 Davis Street 136 COUNTY Maryland Wicomico 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Barnes Jamenia Irvin Coones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (niece) 16b. SOCIAL SECURITY NO APD NESS Box 331 Joan R. Harper, Ocean City, Mc 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG WISED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac Arrest sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Septic Shock days gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Diabetes Mellitus. Fracture of left hip with osteomyelitis. 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTEMORE, MARYLAND, 21201 PRIOR TO BURIAL, 6-25-81 Fracture of left hip. YES NO 210. EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH PAY YEAR UNDERLYING OR Fell in nursing home. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION Nursing Home, Salisbury, Wicomico, Md. AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Inspection V Autapsy and in my apinian Accident X Natural causes Undetermined manner death resulted fram: TITLE (SPECIFY) Beputy_MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 409 Camden Ave., Salisbury, Md Rover, M.D. 23c NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 236, DATE Lewes, Suskex, Delaware Delmarva Crematory 10/9/81 Cremation BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RED ISTRARY SIGNATOR **DHMH-17** holloway Funeral Home, Salisbury, Md. (VR A15 ME (5) 15M 2/80

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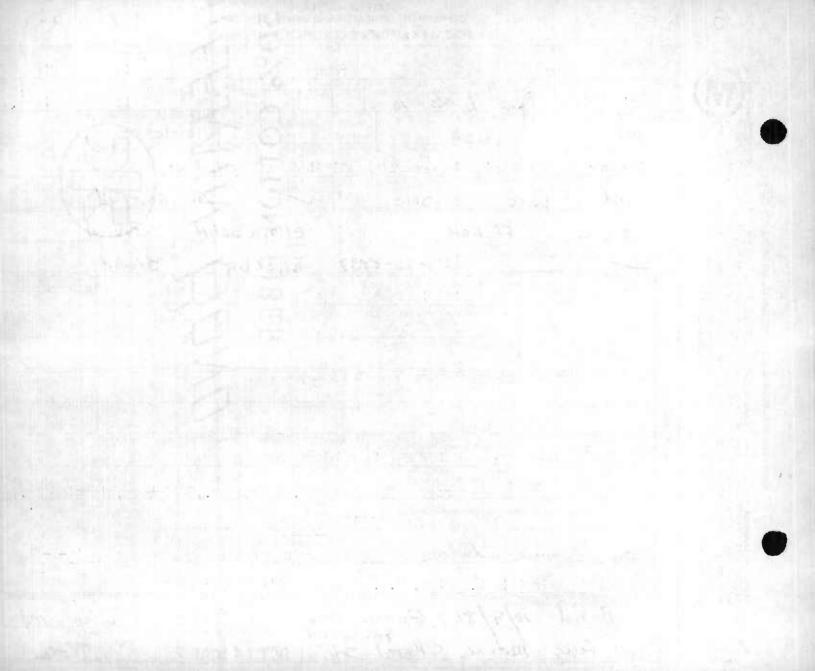
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9014	FATHER'S NAME FIRST NOAH	BRTTTINGHAM'ASI DAS	R'S MAIDEN NAME IEY HENDERSONE	LAST
2 160		RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORM MR. 18 MR. 18 MR. 18 MR. 19 MR.		PR.ANNE, MD
NO.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 1101
O CONTRICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERF		WERE FINDINGS USED NG CAUSES OF DEATH?
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_ (22d. PHYSICIAN'S NAME STYPE	DEGREE MAN DEGREE MAN DE GREE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10/27/8/
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	BURIAL, CREMATION, REMOVA (SPECBURIAL) FUNERAL DIRECTOR			ENNE, MD. STATE
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			11	4	0 1			TITLE (SI	PECIFY)							
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA PATER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 212	220. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	right hat I took charged from: Natur NAME Earl NI) TION, REMOVAL 2	L. Roy	Accident X	held an Autan	osy , Ins Hamicide TITLE (SPECI	Spection X. Under	Inquiry X termined manner DICAL EXAMINER Len Ave	and in my o	isbury,	
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician. Wher this certificate has been signed by the attending phase he burial-transit permit. Then please remove carbang than and Mental Hygtene prior to burial, cremation, or remorated or them 18 shows any injury, ar ather traumatic every and the statement or the statement of the stat		couse (a), stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF	· mion to	Anoma li	7 0		
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beer mit.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	SUSED
TALRI The kanding the has noit per grene	Ē					YES NO			F DEATH?
SION OF VITAL PHYSICIAN: The ending physician this servications to the burial-transit p ad Mental Hygien d or Hem 18 show	CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART	OR PART 2)	
ON OF VII	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
YISION Trending the bury the bury and M	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
ING r affer as the		AT WORK NOT WHILE			1 1				
GEND OR: V	Ç.	22a. I certify that (I) (this hospit			16/8/. 19_		7 19		ot (I) (we) lost
ATT ospir ECT ed fo ot. of	1	sow the deceased alive on above (1) (we) (did) did not 22b. SIGNATURE	t) view the body after death.	19		iion death occurred on the	date and hour an		
the hite harden		led (1)	C. I. W. 11		13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Box 257, Rt. 3 21861 15 MOTHER'S MAIDEN NAME FIRST MIDDLE BRILLIN MIDLE BRILLIN MIDDLE BRILLIN MIDLE BRILLIN MIDLE BRILLIN MIDLE BRILLIN MIDLE BRILLIN MID	D/CI			
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TO Should with	73a	BURIAL, CREMATION, REMOVAL	123b. DATE		CEMETERY OF CREMATO	PV 123d LOCATION			
BP		(SPECIFY) Removal	10/16/81	St	TEN OR CREMATOR		C	YTAUC	STATE
DHMH - 16 50M 1/81	24. F	UNERAL DIRECTOR			25a.	DATE REC'D. BY REGISTRA	R 25k REGISTR	SIGNATA	E. a.
(VRA 15, 4)	A	natomy Board	Balto.	Md.	0	07 90 PO 10 10	Alamot C	Mary Land	Subano.

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STATE OF MARYLAND

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	REGISTRAR		N	AEDICAL EX	AMINER'S	CERTIFI	CATE OF D	EATH	REG. NO.			
1. 0	PECEASED NAA		70	MIDDLE	TOD	LAST T TNC	GD.	Ur Ur	KNOWN T	MONTH	DAY YEAR	26. HOUR
3.5	EX	CHARLI 14. RACE	S. DATE OF BIR	W.	GE (IN YEARS IF I	LINS,	IF UNDER 24 HE		MATED	TO-	27 -81	10:5
	Male	White	3 2	22 27	54 YRS.	NTHS DAYS	HOURS MIN.	PRONOUN DEAD	CED 10-	27-8		11 M
7a.	BIRTHPLACE (76. CITIZEN OF	WHAT COUNTRY	10	RRIED X NE	VER MARRIED	9. BALTIM	ORE CITY OR	COUNTY	OFDEATH	
9 ID	Delous A	COF DEATH	U.S.	A. HOSPITAL, NURSIN		THER INSTITU		USUAL OCCUP	comic		2h KIND OF BI	MD.
	Salisb	ury	enins	HEACILITY, GIVE STREET GOT	eral H			FOR MOST OF WORK	(ING LIFE)	pence	OR INDUST	TRY
130.	STATE De	(IF IN NURSING HOME OF	DROTHER INSTITUTION ITY LSSEX	130 CITY OR MILLS	re admission) IOWN BOOPO	13d. INSIDE O	NO [REET ADDRES	ss Box	273		
3 14.	FATHER'S NAM FIRST Will	Ebur H.	Collins	LAST			ER'S MAIDEN NA FIRST Leatrice	AAII	odle		LAST	
2 160.	WAS DECEAS	ED EVER IN U.S. ARA			SECURITY NO.	17. INFOR	MANT		ADDRESS			ed
1	no			222-24		Anna	Mae Col	lins -	R. D. 3	3, Mi		
	18. CAUSE (OF DEATH (Enter onleath WAS CAUSED IMMEDIATE	ly one couse per D BY: TE CAUSE (o)	Corona:	y Occl	Lusion	1				APPROXIMAT BETWEEN ONSE SUCC	E INTERVAL ET AND DEATH
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CERTIFICATION	19a DATE O	FOPERATION	Tigh CON	DITION FOR WHI	TH OPERATION	WAS PERFOR	DAMED 2	20-2			2D AUTOPSY	2
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		AL CAUSE WAS G OR ING CAUSE OF D	HOUR	OF INJURY A.M. MONTH DA	Y YEAR 21c.	HOW INJURY	OCCURRED (EN	TER NATURE OF INJU	JRY IN ITEM 18 PAI	RT 1 OR PART		
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DALIMORE, MARTONIO, ZIANI PRIBE IO BRAND, O	22a I cer	tify that I taak chara	ral couses	described above, h	eld on Auto	ppsy	Inspection X	Inquiry		in my opin	nion	N.L
N N		11		Accident	, Joicide L	TITLE (S	SPECIFY)	determined mai	nner [].		30.00	Qn
7/	SIGNATURE	for	19			M.D. Del	puty "	NEDICAL EXAM	INER	DATE SIGNED	10-29	-01
1	EXAMINER'S	NAME Earl	L. RO	yer, M.	D.	_ADDRESS_	409 Cam	den Av	re., S	salis	sbury,	Md.
23a.	BURIAL CREM	ATION, REMOVAL 2	3b. DATE	23c. NAM	E OF CEMETERY	OR CREMATO		LOCATION	_	COUNTY	Y 2 5	TATE
74	FUNERAL DIRE	CTON DO L	11/87	gig	sboro C	emeter	25a. DATE REC'D	BY REGISTRAL	20, Jus	SSEX (C., Del	
)	Richar		n, Mil	Isboro,	Be.		NOV O	2 1981	France	2	Mit	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY minute TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 3 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (pinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN Salisburg STATE 24 ONERAL DIRECT 250 DATE REC'D. BY REGISTRAR 254, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4)

SCHOOL SC Concernation of the same of th I but the will insert the last the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

MPORTANT: If them 21 is marked ar them 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 7 6 7

1	- STATE REGISTRAR			DEPARTI		ICATE OF DEATH		(Com	, ,	
1 DI	ECEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEA	G. NO.	DAY YEAR	26 HOUR
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3. SI		11110	4 RACE	IVD	S. DATE C	DECEMBER 18	6. AGE (IN YEARS L	0	IF UNDER 1 YEAR	IF UNDER 24 HRS
	female		whit	е		h 15, 1934	1	47 YRS	MONTHS DAYS	HOURS MIN.
Ja. E	COUNTRY)	FORE:GN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER MARRIED	9 BALTIMORE C		Y OF DEATH	
I	Maryland		US	A	WIDOWE		Wic	omico		MD.
	ITY OR TOWN OF DEA					OR OTHER INSTITUTION	12a USUAL OCCU			F BUSINESS OR
	Salisbury		Penins	ula Gen	eral	Hopital	retire			
13a.	STATE	NW COUN	TY	GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	13e. STREET ADDR			
		Word	ester	Pocomo	ke	YES NO X	route			
14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	DIE	145	
	Arthur		J.	Payne	, Sr.	Bertie	MID	Ote	Jone	es
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	Α	DDRESS	#2 P.	J11
	no	(# 125, 511	. WAR OR DAILS)	218-30-	1679	J. Wendell	Cowger	Pocome	#2, Bo	tv. Md.
	18 CAUSE OF DEAT	H (Enter on	y one couse per	line (0), (b), on	d (çj.)	4				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		D BY: E CAUSE (a)	1/2000	hop	Muorur				
	23//			R AS MICONSEQUE	ENCE OF		4			
	Conditions, if ony,	, which	(b)	Assur	Fun	Rulum			13-14	
	gove rise to imr		DUETO	R AS A CONSTOUR	ENCE OF					
	underlying couse	last.	(6)	/lev	us f	cho motoses	}-			
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 10	3
CERTIFICATION	partial 9	6 65 Free	065 fine	when 2 to	neu	15 1-	- 1	w Sarco	ma 1 M	Silling.
CAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED
TE							YES NO		IFYING CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UNE		21b. TIME O		AV VEAD	21¢ HOW INJURY OCCURR	RED (ENTER NATURE C	F INJURY IN ITEM 18	PART I OR PART 2}	
AL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		P.	M. MONTH DA	19					
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION				
Σ	WHILE NOT WH	HALE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY	ORTOWN	COUNTY	STATE
	22a.1 certify that (1)	(this hospit	ol) ottended th	e deceased from_			, to		, 19	that (1) (we) lost
	saw the decease above/(I)(we)(c	ed olive on	view the body	ofter death	8L., on	d that in my 🚳 apinion d	death occurred on	the date and ho	ur and from the	couses stated
	226, SIGNATURE	7)	view me body	oner deom	Ī	DEGREE			22c. DATE	SIGNED,
	The A	Lus	60			ATTENDING PHYSICIAN	MEDICAL ORECTOR PE	STAFF	10/	11/81
- 6	226 PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e. ADDRESS	J (, , 0/
	thelip	4	Lusles	y In		Medical	Center			
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION			
	Burial		10/1			Baptist Ce	em Pocor	noke W	orceste	er Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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Burial | 10/14/81 | First Ba

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40	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. N	27675
9		CEASED NAME FIRST	MIOOLE	£AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
y be ge 3 feoth	(TYPE	Doris	Grev	DASHIELL	october	23 1981 857/AM
moy fer d	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		emale	White	Oct. 30, 1893	87	YRS.
a (1)	. В	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
deat	C	hance, Md.	USA	WIDOWED DIVORCED	Wicomico	MD.
offer and a second		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		120 USUAL OCCUPATI	F WORKING LIFE) INDUSTRY
ours o	Sa	AL RESIDENCE LE NURSING HOME OR	Peninsula Ge	eneral Hospital	Housewif	ê
24 ho			OTHER INSTITUTION GIVE RESIDENCE BEFO UTY 13c. CITY OR TOVE DMICO Salisb		13e STREET ADDRESS	College Asse
thin sh	14. F	ATHER'S NAME	Dillico Salish	Ury YES NO		College Ave.
and 20	W	oodland	Disharo	FIRST	MIDDLE	Mister
0	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		I Pinchur	
n and co	N		218-58	-0972 Mr. O. Woo	dland Das	st Ave., Salisbury,
sicia spers val. t, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a	nd (es)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ath ce corb n, or n		4340	DUE TO, OR AS A CONSEOU	JENCE OF		
e dec move ratio		Conditions, if any, which gave rise to immediate	(b) Corele	ial teroni	rosy	
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ned b plea urial,		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAI DISEASE OR CON	DITION GIVEN IN PART 1(p
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ow prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The lost hos nsit per regione shaws	TIFE				YES NO	YES NO
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After at After narke		AT WORK AT WORK		COVA 16 81	act	23 8/
TEND rital o OR: or use f Heo			al) offended the deceased from	ond that in (my) (and) opinion	. 10	ote and hour and from the causes stated
RECT RECT red for ppt. o		above, (I) (www (did) (did no 22b, SIGNAPORE	t) view the body ofter death.	DEGREE		226 DATE SIGNED
the the etach te De		Human	C Hell &	A M.D. ATTENDING	MEDICAL STAI	10 /23/81
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TO HOSPITAL retoined by the TO FUNERAL should be determed with the Stote IMPORTANT:		THOMAS C	· Hill JR.	Pine Blue	1 Rood, S	solisbury, Md.
0 = 5 4 × X	23 a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		
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DHMH - 16 50M 1/B1		UNERAL DIRECTOR		25a, DA	TE REC'D. BY REGISTRAR	
(VRA 15, 4)	LI.	OPPOMMI LONEL	RAL HOME, Sal	isbury, Md. OC	T 28 1981 2	pances fram lamour

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3	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL H	YGIENE 8	2	2 7	6	1 6
	L	REGISTRAR CEASED NAME FIRST	and the	MIDDLE		AST OF DEATH		EG. NO.			
ay be oge 3 death		OR PRINTI			DAUGHE		20. DATE OF DEA	ATH MONTH	19	YEAR 81	2b. HOUR
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physimovo moop movor, vent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	Cerellia	al s	worls	3			1 CO	ISET AND DE
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signe hen p ro bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION	GIVEN IN	PART 10	
been mit. I	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20d AUTOPS	20b. IF	YES, WERE	E FINDIN(3S USED
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TTEND pital o TOR: A for use of Heal		22s I certify that (b) (this bou	9/20	deceased from	27 1	id that in (my) (our) opinion	n death occurred an	the date and I	19.0	, th	not (I) (we)
0 0 C		Th Signasury	for hew the body	after down	, , ,	DEGREE	on death accorded an	inc date and t		DATE S	
the has		XIIII	Dunil.	1/2	1	-	MEDICAL DIRECTOR P	STAFF	1	01	21/8
HOSPITAL ned by the FUNERAL old be den the State obstant:	1	THE PHYSICIAN'S NAME (THE	OR PRINT)	1		22e ADDRESS	DIRECTOR	HTSICIAN		10	401
10 00 4 0		DR FARI M	DEADDGTT	777							
Sho To		URIAL, CREMATION, REMOVA	PEARDSLI 23b. DATE	236 1	NAME OF C	EMETERY OR CREMATOR					
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DHMH - 16 50M 1/81 (VRA 15, 4)	13/20	NERAL DIRECTOR				25a. D	ATE REC'D, BY REGIS	TRAPEUX REG	5144	HOH!	RBuss
(400 13, 4)	17	~ Lur	siden	PRINC	ESS	ANNE	T 2 6 1981	7	····		

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	STATE OF MARYLAND	1
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO

FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.		
1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT) Marg	garet	DENEAU	October 5, 1	981	2:20A M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	12 20 10	70 Y	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	1 - 1 - 1
Maryland	USA	WIDOWED DIVORCED	Wicomico		MD.
Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Deer's Head Ce		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		ing
USUAL RESIDENCE (IF NURSING HORE	conother institution give residence before DUNTY 13c. CITY OR TOW Chester Hurloc	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Poplar Str	00+	
14 FATHER'S NAME		15. MOTHER'S MAIDEN NA		660	
George	Washington Ma	iors Lorett	a Ethe	1 IAS	unhan
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? Tob SOCIAL SECU			Box 205	uman
(YES NO OR UNKNOWN) (IF YES	217-34-	2597 Fay Faulk			643
PART I. DEATH WAS CAU IMMED Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) IT CONDITIONS CONTRIBUTING TO E	Caralona 6		GIVEN IN PART 10	1000
DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDING RTIFYING CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH DA	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM		STATE
AT WORK AT WORK	spital) attended the deceased from_	, 19	, to		that (I) (we) lost
w the deceased alive	on	ond that in (my) (our) opinion	death occurred on the date and		couses stated
224 PHYSICIAN'S NAME (179	educ to	DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE	SIGNED
Leonid V. N	Maldve, M.D.	Deer's Head	Center; Salisb	ury, Md.	21801
230 BURIAL, CREMATION, REMOV. (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	m Hurlock,	Dorches	ter.WD

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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injury, ar other troumatic event, the

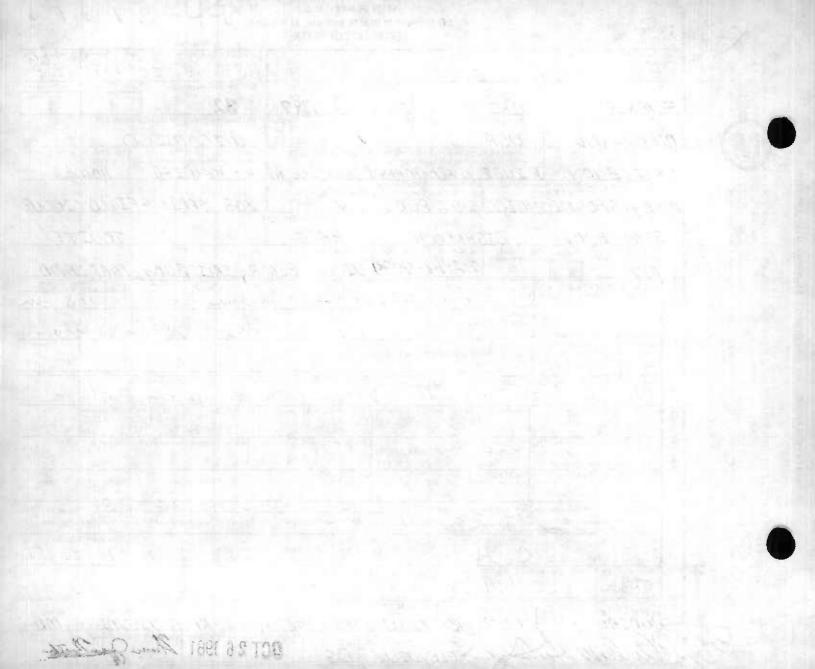
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24 FUNERAL DIRECTOR Zeller Funeral Home, East NewMarket, MD

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SELBYNILLE

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hereined by the hospital or attending physician.

Pnge 4 may be

	_				REG. NO.	
		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 H
			Grace M. DOUGI	LAS	October 28,198.	1 /
	3 SE			TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UN
		Female		1 22 1915	65 YRS.	MONTHS DAYS HOU
10	la. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1/	M.	ichigan	77 0 7	WED X DIVORCED	Wicomico	
1/		Salisbury	11. NAME OF HOSPITAL, NURSING HOM NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Deer's Head Cer	nter institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	176. KIND OF BUS INDUSTRY
35	13a. S	ISL CO	or other institution give residence before admission unity 13c. CITY or town ens AnneQueenstow	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt#1 Box 18	5C
VI	14. FA	ATHER'S NAME		15. MOTHER'S MAIDEN NAM	ME	30
11	II	Joseph	Bover	Frances	Bu	tterfield
K		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECURITY NO		ADDRESS	
4		YES, NO OR UNKNOWN) (IF YES, O	367-09-69	95 Mr. Joseph	h Douglas (so	n)
		Conditions, it ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	ctions of Carcinoma	0	mx 5 y
h	CATION	gave rise to immediate couse (a), stating the underlying cause last	(b) complica	CUPCINOMA	INAL DISEASE OR CONDITION G	ES, WERE FINDINGS L
2	TIFICATION	gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF	CUPCINOMA	INAL DISEASE OR CONDITION G 200 AUTOPSY? 200. IF Y:	
29	CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH B 19b. CONDITION FOR WHICH OPERAT 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	SUT NOT RELATED TO THE TERM TION WAS PERFORMED 216. HOW INJURY OCCURR	INAL DISEASE OR CONDITION G 200 AUTOPSY? 200. IF Y:	ES, WERE FINDINGS L IFYING CAUSES OF D (ES
29	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH B 19b. CONDITION FOR WHICH OPERAT 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	INAL DISEASE OR CONDITION G 200 AUTOPSY? 200. IF Y YES NO	ES, WERE FINDINGS L IFYING CAUSES OF D (ES
29	_	gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OR CONTRIBUTING ALEXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED 22a. I certify that (I) (this has saw the deceased alive cabave, (I) (we) (did) (did)	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH B 198. CONDITION FOR WHICH OPERAT 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCURR Property of the performance of the	INAL DISEASE OR CONDITION G 200 AUTOPSY? YES NOTE: N	ES, WERE FINDINGS LIFYING CAUSES OF DICES NO PART LORPART 2) COUNTY , 19, that (
29	_	gave rise to immediate couse (a), stating the underlying cause last part of the underlying cause last part 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OR CONTRIBUTING CAUSE OF DIFFERENCE OR CONTRIBUTION COURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (this has saw the deceased alive cabave, (I) (we) (did) (did of 12b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF (c) 19b. CONDITION FOR WHICH OPERAT 19b. CONDITION FOR WHICH OPERAT 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) putal) attended the deceosed from putal) attended the deceosed from and th	SUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCURR AR 9 21f. LOCATION 5TREET DEGREE ATTENDING PHYSICIAN THE COMMENT OF THE TERM TO THE TE	INAL DISEASE OR CONDITION G 200 AUTOPSY? YES NO NO NO NO CITY OR TOWN CITY OR TOWN MEDICAL , STAFF	ES, WERE FINDINGS LIFYING CAUSES OF DICES NO PART LORPART 2) COUNTY , 19, that (
29	MEDICAL	gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OR CONTRIBUTING ALEXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED 22a. I certify that (I) (this has saw the deceased alive cabave, (I) (we) (did) (did)	DUE TO, OR AS A CONSEQUENCE OF (c) TONDITIONS CONTRIBUTING TO DEATH B 198. CONDITION FOR WHICH OPERAT 198. CONDITION FOR WHICH OPERAT 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 101. Distribution of the body after death. 119. CONTRIBUTION OFFICE, FARM, ETC.) 110. TUSTIN, M. D.	SUT NOT RELATED TO THE TERM SUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c. HOW INJURY OCCURR AR 9 21f. LOCATION STREET 19 , ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	INAL DISEASE OR CONDITION G 200 AUTOPSY? YES NOT IN CERT IN	COUNTY 122c. DATE SIGN

DHMH - 16 50M (VRA 15, 4

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Oct. 2.1904

13d. INSIDE CITY LIMITS?

Wingate

26 HOUR

CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME LAST Edna M. DUKES 4 RACE 5 DATE OF BIRTH

White

Th CITIZEN OF WHAT COUNTRY?

U.S.

Dor.

Deer's Head Center

OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Cambridge

REG. NO 20 DATE OF DEATH October 4, 1981

6 AGE LIN YEARS LAST BIRTHDAYS

9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED Wicomico NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Waitress

MIDDLE

13. STREET ADDRESS STREET ADDRESS STREET

15 MOTHER'S MAIDEN NAME Eva Mills 16h SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

(IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) William A. Todd, Cambridge, Md NO 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f. LOCATION

CITY OR TOWN

STATE

20 IF YES. WERE FINDINGS USED

COUNTY

CERTIFYING CAUSES OF DEATH?

____, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING

PHYSICIAN 22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN

20a AUTOPSY?

Leonid V. Maldve. M.D 230. BURIAL, CREMATION, REMOVAL 23b. DATE

220.1 certify that (M(this hospital) attended the deceased from

boyle, (1) (we)(did) (did not) view the body after death

Deer's Head Center: Salisbury, Md. 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION

DEGREE

Dorchester Mem.Park, Cambridge Dor. Md

8 ld b (VRA 15, 4)

DHMH - 16 50M 1/B1

Thomas Funeral Home, Cambridge, Md.

(SPECIFY)

MEDICAL

- STATE

(TYPE OR PRINT)

Female

Maryland

Salisbury

14 FATHER'S NAME

10. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HO 130 STATE

James

190 DATE OF OPERATION

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

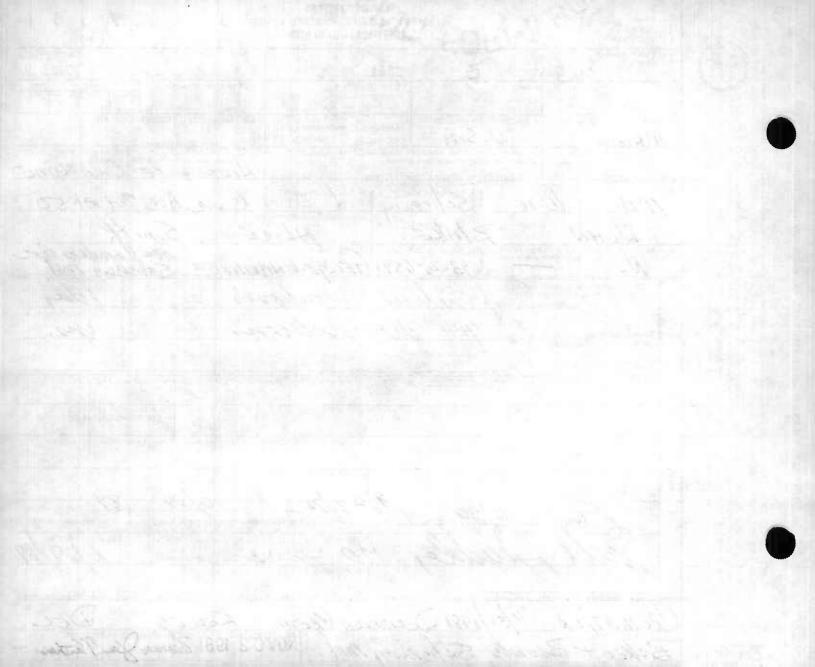
In WAS DECEASED EVER IN U.S. ARMED FORCES?

BIRTHPLACE ISTATE OR FOREIGN

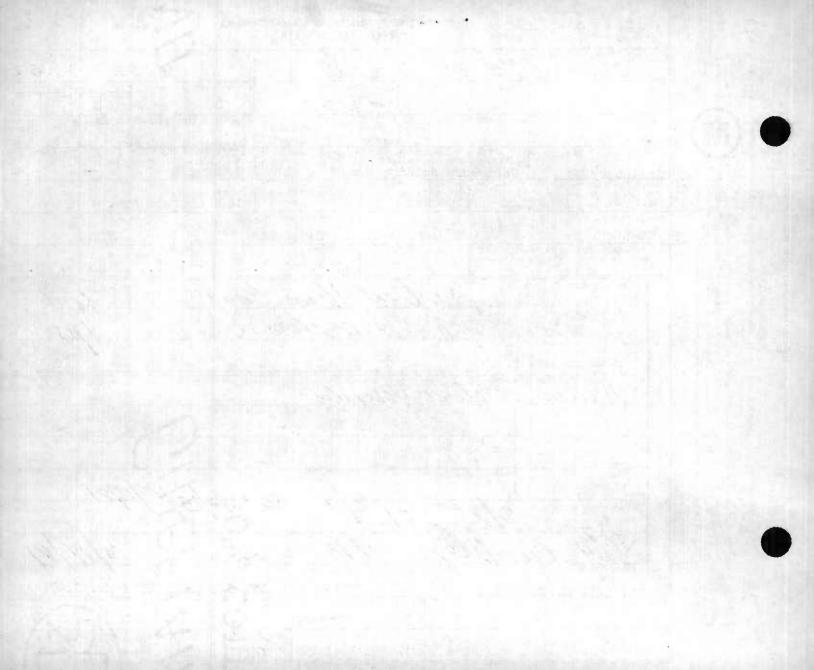
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-	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 REG. NO	27	5 8
/III		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
41/		Oli	ve B.	Ellis		10-29-81	7:15
	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) # UNDER 1 YEA	
once.		F	W	9_9_89	92	YRS.	, nooks
Ged at		RTHPLACE (STATE OR FOREIGN SHITTY)	U, SA.			OR COUNTY OF DEATH	
Person			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS	Vicomico Co IZE USUAL OCCUPATI (TYPE OP/WORK FOR MOST O	F WORKING LIFE! INDUSTR	OF BUSINESS
unast	USU	Tiebury.	Salisbury Nursi	TO HOME	MOUSEU	THE CAUR	UTYON
35	130 S	Mel. 136 COUN	TY 131 CITY OR TOW	BUNG YES NO	130 STREET ADDRESS	Ave Bud K	150
2521	14. FA	THER'S NAME FIRST M M M M M M M M M M M M M	Blake	15. MOTHER'S MAIDEN NA	ME MIDDLE	5mith.	AST
the me		AS DECEASED EVER IN U.S. ARA	MAR OR DATES) 16b SOCIAL SECUMAR OR DATES)	URITY NO 17 INFORMANT	ADDRE	55/104 CAMA	ENG
atic event,		PART I. DEATH WAS CAUSED	y ane cause per loe far (a), (b), of BY: E CAUSE (a)	rel Glimbs	265	APPRO BETWEE	NONSE AND D
r traum		Conditions, if ony, which	DUE TO, OR ME A SONSEQU	ence of prioseler	sis	1	ns.
, or other		gave rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF		/	
any injury,	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	1(0)
shows ar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	04		216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR			
Aental Hygi	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	LIGHT A MA MONITH D	19 211 LOCATION	CITY OR TOV	WN COUNTY	STA
Health and Mental Hygi 21 is marked or Item 18		OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) this haspit.	HOUR A.M. MONTH D P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION		9 1987	., that (I) (we
Dept. of Health and Mental Hygi		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 211 LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING S	death occurred on the do	ote and hour and from the	., that (I) (w
rate Dept. of Health and Mental Hygin .NT: If Item 21 is marked or Item 18		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this haspit	HOUR A.M. MONTH D P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ol) ottended the decagsed from view the legity offer death?	PAR 19 21f LOCATION STREET and that in (my) (our) apinion DEGREE	death occurred on the de	ote and hour and from the	, that (I) (we
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State Dept. or results and wiental rivgil ANT: If Item 21 is marked or Item 18	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this haspital of the contribution of the contrib	HOUR A.M. MONTH D P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, al) attended the deceased from view the legal ofter death. PRINT!	AY YEAR 19 21f LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN (death occurred on the do	ote and hour and from the	, that (I) (w



STATE OF MARYLAND



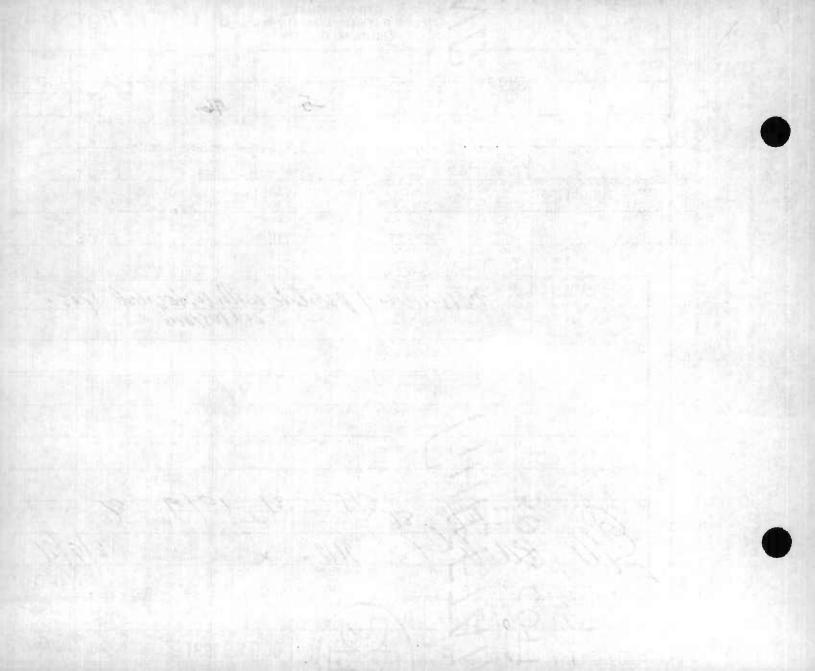
STATE OF MARYLAND

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STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	276	3 6
		CEASED NAME FIRST EOR PRINT) Mary	MIDDLE	FIELDS	2a. DATE OF DEATH October 1:		2b. HOUR 11:10 P
1	3. SE	Femalo	4. RACE White	5. DATE OF BIRTH 2 MONTH DO DAY 8 986	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
E		IRTHPLACE IS TE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED !	Wicom:	COUNTY OF DEATH	, MD.
71	5	Salisbury	"Deer 's" Head		12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF	WORKING THE INDUSTRY	OF AUSINESS OR
E	13a. S	STATEMY 136 GOUR	ROTHER INSTITUTION GIVE RESIDENCE BEF	PALLOC 13d. INSIDE CITY LIMITS		-	
20		ATHER'S NAME FIRST HOM &	MIDDLE JEKE		NAME MIDDLE	Laxmo	60/10
	16a. V	WAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES GIV	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	e FJA	soeth, BI	my
	NO	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	DUENCE OF	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 1	
9	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE YES	NGS USED S OF DEATH?
7	MEDICAL CER	sow the decensed alive on	P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE (tol) ottended the deceosed from (1) 11 viewathe body ofter death.	DAY YEAR 19 21f. LOCATION STREET	MEDICAL STAF	22c. DATE	STATE that (I) (ve) last couses stated
	230. P	J. Hwang,		Deer's He	ad Center, Sa	lisbury, Md	21801
	((SPECIFY) 30x +21	10/11/81	131Valve Com	CITY OF TOWNS	Va, COUNTM	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN [] (TYPE OR PRINT) FISHER ARCHIE JAMES DEATH MATED 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED Male AA 30A 77 11 DEAD 69 YRS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico SNOW HILL. MD. U.S.A. WIDOWED X DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, AL RECORDS, 201 W 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Forest Grove Rd. Parsonsburg RETIRED CUSTODIAN **EDUCATION** 13a STATE Wicomico 13d. INSIDE CITY LIMITS? Md. Forest F. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LEWIS FISHER BERTHA **HAYWARD** 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 638 MAGENTA ST. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-24-1212 REV. RANDOLPH FISHER BRONX, NEW YORK CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),) DAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. BETWEEN ONSEGAND DEATH PART I DEATH WAS CAUSED BY: Congestive Heart Failure IIIO II II II II II IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Hypertensive Cardiovascular Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d Carcinoma of right lung. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [NO X 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natorol causes Undetermined manner TITLE (SPECIFY) 10-26-81 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 409 Camden Ave., Salisbury, Md. L. Royer, M.D. Earl 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL 10-29-81 GLASS HILL CEMETERY BP PARSONSBURG WICOMICO MARYLAND 24 FUNERAL DIRECTOR **DHMH - 17** 1981 Jolley Funeral Home, Salisbury, Md. (VR A15 ME (5) 15M 2/80

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TEN	for use of He		saw the deceased alive on	OCT 90 19	0.1	not in (my) (our) opinion o	leoth occurred on the do	te and haur o		
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BP. DHMH - 16 50M 1/BI

10/12/81 Burial 24 FUNERAL DIRECTOR (VRA 15, 4) HOLLOWAY FUNERAL HOME, Salisbury,

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23b. DATE

Salisbury, Maryland Springhill Mem.

Salisbury, Wicomico, Maryland

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	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	2	7 6	8 9
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leath. Page in 72 hours of ance.	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	(? 8.	D NEVER MARRIED	BALTIMORE CITY O		OF DEATH	
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ly filled in should be let must b	13a.	AL RESIDENCE (IF NURS OF ONE OF STATE DELaware 136 COU ATHER'S NAME		136. GITY OR TO		13d. INSIDE CITY LIMITS? YES NO	130 SIREET ADDRESS	st.		
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is that the death certifica ed by the attending phys please remove corbonpat triol, cremation, or remove , or other traumotic event,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQ DR AS A CONSEQ MU	LNEY UENCE OF YENCE OF TIPE	Failure dosis Myeloma			6 ge	MATE INTERVAL ONSET AND DEATH
hos been sign t permit. Then ene prior to bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b CONE	DITION FOR WHIC		n was performed	200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDIN	IGS USED
ottending physici frer this certificate as the buriol-transi h and Mental Hygi riked ar Item 18 sh	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK A WORK	ATH HOUR A		DAY YEAR 19	21c. HOW INJURY OCCUR 211. LOCATION STREET	CITY OR TO		COUNTY	STATE
ERAL DIRECTOR: A		22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did not see that the see	1	19	, 01	, 19	deoth occurred on the do			
hould by with the		22d. PHYSICIAN'S NAME (TYPE	JUSED			MEdical C	Enter Sale		Md	21801
	23a	BURIAL, CREMATION, REMOVA	23b. DATE 10/20			emetery or crematory a Gardens Cem	23d LOCATION CITY OR TOWN Arlingto)n	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Homer L. Disharoon box 678 Laurel Del 1995

Columbia Gardens Cem.

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	1	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL H CICATE OF DEATH		2	7 5	9 0
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		VAS DECEASED EVER IN U.		16h SOCIAL SEC	URITY NO.	17 INFORMANT	ADDE	ESS		
4	. (unknown) (1FY	ES, GIVE WAR OR DATES)	171-10-	6252	Records				
eveni, ine		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.	ter only ane couse per AUSED BY: EDIATE CAUSE (0)	Palmon		Edema			BETWEEN ON	NATE INTERVAL
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		gave rise to immediate couse (a), stating the underlying cause las	DUE TO, O	RAS A CONSEOU		l Artenioscle	252095		420	2rd
	_	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TEL		IDITION GIVE	N IN PART 110	
	TO TO	Severe mar		met:	iple d	seculation,	UTJ.			
9	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	+ OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
9	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RT I OR PART 2)	
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E		obove, (I) (we) (did) (d 224 SIGNATURE	Dear	elekeur		DEGREE ATTENDING PHYSICIAN	MEDICAL, STA	FF	22c. DATE SI	IGNED
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	23a. E	URIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY		, 00	COUNTY	CLATE
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B1	C	INERAL DIRECTOR	Stewart	WEST	Rd. S	whis md. OC	T30 1981 0	25 b. REGISTA	AR'S SIGNATUI	then

Salisbury - Seninguly Comercal Hospital Martin Committee of the Children in Shired the party State of 1961 30 1981 Shire State of the state of the

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) LYDA BERTHA 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH white March 8. 78 female 1903 TO. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Wicomico Delaware WIDOWED X 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
housewife peninsula General Hospital INDUSTRY Salisbury MARYLAND 21201 USUAL RESIDENCE (IF NURSING OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OUNTY 13e. STREET ADDRESS 103 Adkins Place 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Worcester | Pocomoke YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wagner Elizabeth Daniel Armstrong BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT P. O. Box 417 (IF YES, GIVE WAR OR DATES) 220-44-2387 Connie Givens no Pocomoke City. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ₹ ath underlying couse ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS, CERTIFICATION priar 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NOF YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. ŏ 21d INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

sow the deceased plive on.

126. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

above. (1) (we) (did) (did not) view the body after death

DEGREE

Bethany Meth.

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Cem.

MPORTANT

230 BURIAL CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

Pocomoke Worcester

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

77r. DATE SIGNED

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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Burial

Pocomoke City. Md.

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STATE OF MARYLAND

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TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

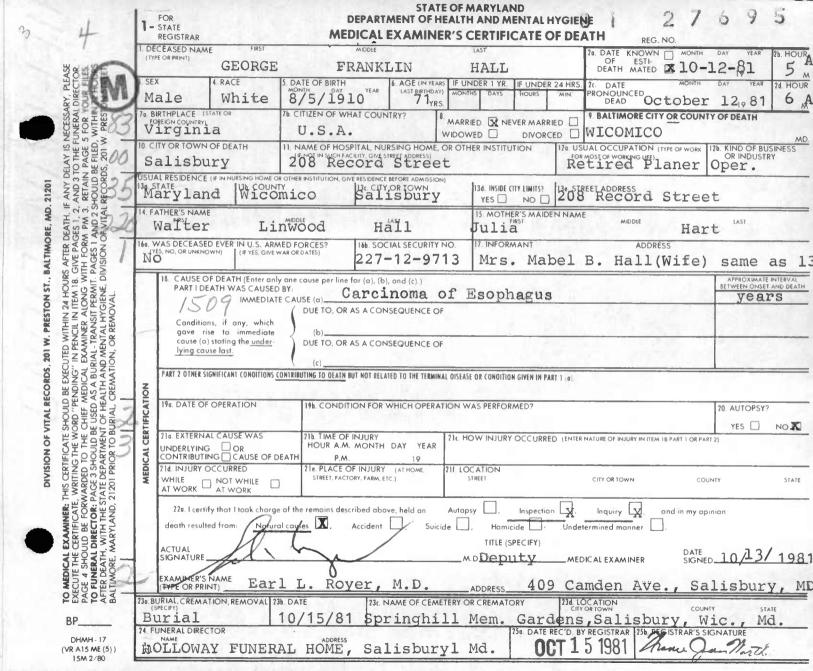
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DHMH - 16 50M 1/8I (VRA 15, 4)

	FOR - STATE									, 0
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	molo	Course	sian	Apr 2	3. 1906 YEAR	75		MO	NIHS DAYS	HOURS MIN.
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	Salisbury	11. NAME OF HOS Peninsu	SPITAL, NURSIN LITY, GIVESTREET LA GEN	ADDRESS) H	ospital	12a USUAL OC (TYPE OF WORK F nechani	OR MOST OF WORK	ING LIFE)	INDUSTRY	of BUSINESS OF 2 Plant
130.	STATE N CO		city or tow	N 13d.	INSIDE CITY LIMITS?	rd3 60	DDRESS x 18			
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	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	CINE WAR OR DATES	222 09		ildred E.	Gould rd	ADDRESS 3 box 1	18 La	zurel	1956 Delawar
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ICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION		RIBUTING TO E	NCE OF LE	RELATED TO THE TER	MINAL DISEASE C		IF YES, V	VERE FINDI	
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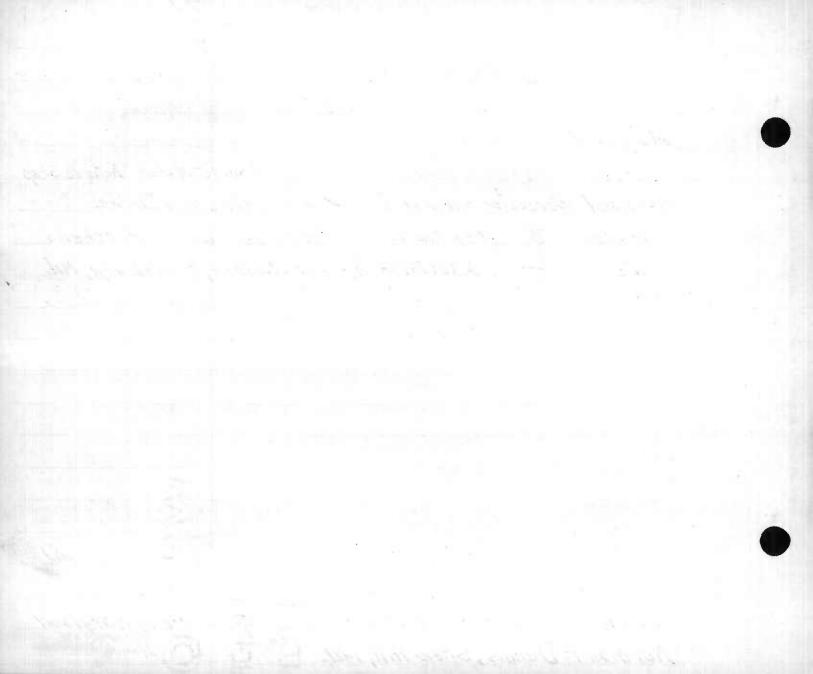
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1	3. SE		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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17		IRTHPLACE (STATE OR FOREIGN COUNTRY).	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
30	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OROTHER INSTITUTION Hospital	WiCOM. 12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	INDUSTRY	BUSINESS OR
	JUSU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	EADMISSION	ноѕрттат	Lumberma	n	Lun	nber
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		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	CALL TO		22e. ADDRESS	DIRECTOR PHYSIC	IAN []	110/23	7,01
1		Joseph Z. I	Badros,	M.D.		Salisbury	, Marylan	d		
		BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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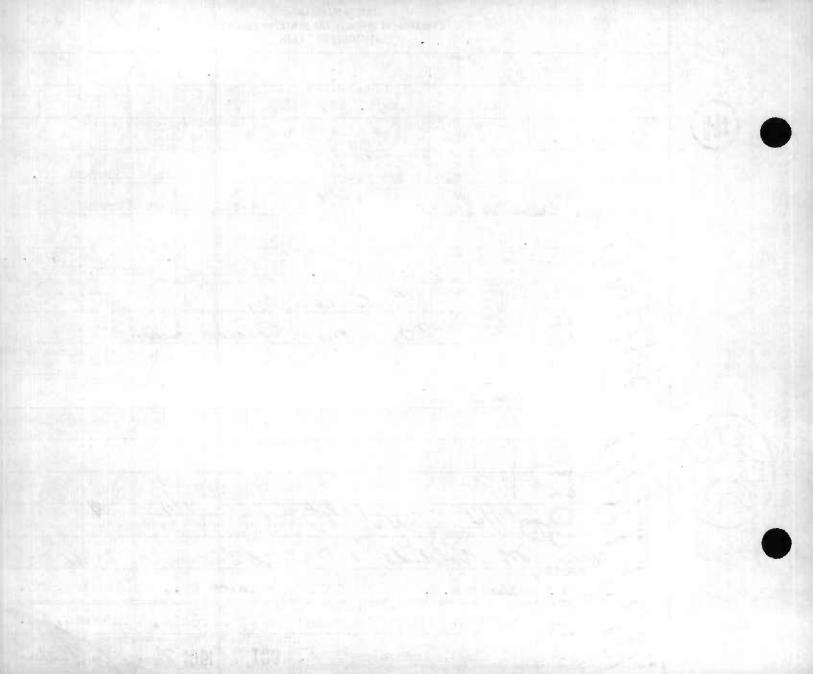
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100		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MONTH DAY YEAR 6-24-1904 7? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	MITCOMITCO	TY OF DEATH
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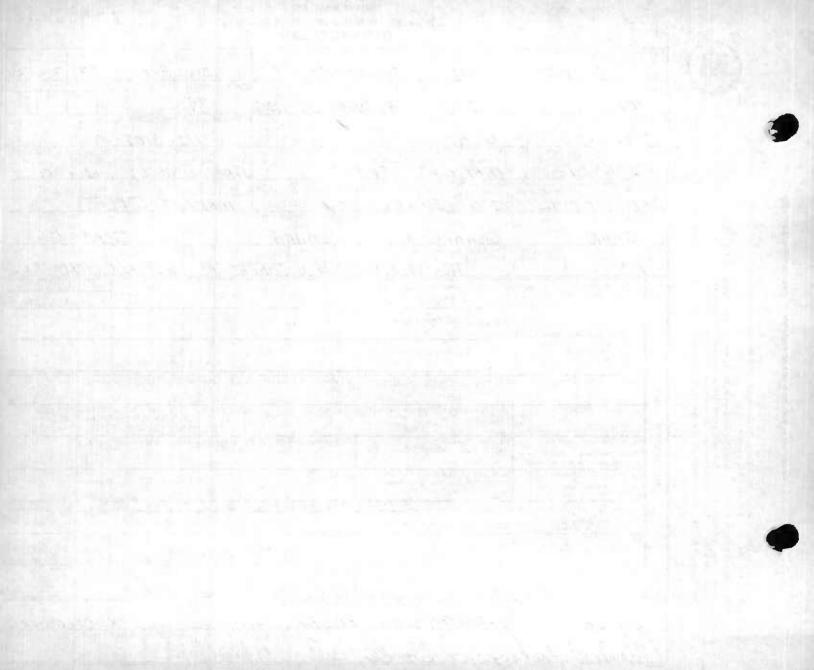
STATE OF MARYLAND



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S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,		Male	White	5. DATE OF BIRTH	o'8	AGE (IN YEARS IF U LAST BIRTHDAY) MON 73 YRS.	NDER I YR.	HOURS MIN.	PRONOUNCED DEAD	10-3-	19	2d HOUR 11 M
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RE, MD. 21201 EATH. IF ANY DELA ES 1, 2, AND 3 TO 1 PM 3. RETAIN PA NND 2 SHOULD BE EVITAL PA NND 2 SHOULD BE EVITAL PECORDS, 3	13a. S	Md.	13b. COUN	PROTHER INSTITUTION, GIV TY DM1CO	13c. CITY OF	isbury	13d. INSIDE CIT	TY LIMITS? 13 e. 5	TREET APPRESS Lak	eside	Drive	
OORE, MD		THER'S NAME FIRST Wad	e H.	MED FORCES?	Ley,	Sr.	FI	R'S MAIDEN NA Annie	MIDDLE	Hor	'seman	
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	AL OR A the hos AL DIREC letoched ste Dept. T. If Item		Frank (west M. n		DEGREE ATTENDIN PHYSICIA		FF _ / /	TE SIGNED
6	retoined by the retoined by the TO FUNERAL should be det with the Stote MPORTANT.		22d. PHYSICIAN'S NAME (TYPEC	•		Mallare	WMaula	mb	
5	Short of Sho	230	UKIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CREMATO	DRY 734 LOCATION	COUNTY	STATE
			BURIAL	10-30-1981	LEWES	PRESBYTEE	TARILGUES	SUSSEX DE	CAWARE
	H-16 60M 1/73 /R A 15 (4))	24 F	NUMBAL DIRECTOR	JODRAG JODRAG	Da in Oll	10 250.	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	ATURE



PECEASED NAME YPE OR PRINT) MANUE EX 4. RACE Male AA BIRTHPLACE (STATE OR FOREIGN COUNTRY) S.C. CITY OR TOWN OF DEATH Quantico JAL RESIDENCE (IF IN NURSING HOME OR STATE Md. 13b. COUNT Wico FATHER'S NAME FIRST FY 6d WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE W	5. DATE OF BIRTH 3 16 17 7b. CITIZEN OF WHAT COUNTY 11. NAME OF HOSPITAL, NU. BOX 57, Ca. COTHER INSTITUTION, GIVE RESIDENCY MICO QUE	LAST BIRTHDAY) LAST BIRTHDAY) LAST BIRTHDAY) LAST BIRTHDAY) MORE MARI WIDO URSING HOME, OR OT SIREET ADDRESS) TCNPENDY E BEFORE ADDRESSION) Y OR TOWN IN TICO	RIED NEVER MARRIED X WED DIVORCED HER INSTITUTION 12a U FC	S. 2c. DATE MONTH PRONOUNCED 10-18- 9. BALTIMORE CITY OF COUNT WICOMICO	MD. 126 KIND OF BUSINESS OR INDUSTRY
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First Fred WAS DECEASED EVER IN U.S. ARM				1	- J Ilouu
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AT WORK 22a. certify that took charge death resulted from: Natural SIGNATURE EXAMINER'S NAME EARL (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 23 (SPECIFY) DURIAL FUNERAL DIRECTOR NAME	L. Royer, b. DATE 10-22-81. M	M.D.	Hamicide Und TITLE (SPECIFY) M.D. Deputy ME ADDRESS 409 Cam OR CREMATORY 23d. Church Q 1250. Date REC'D.	determined manner DATE SIGNE EDICAL EXAMINER SIGNE Iden Ave., Sali LOCATION COUN INTORTOWN U antico, Wicon BY REGISTRAR 256 REGISTRAR'S S	10-20-81 .sbury, Md.
F	PART I DEATH WAS CAUSED Conditions, if ony, which gave rise to immediate couse (a) stoting the under- lying couse last. PART 2 DTHER SIGNIFICANT (ONOTTIDNS COUSE 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 210. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I took charge death resulted from: Notro ACTUAL SIGNATURE EXAMINER'S NAME Earl UNPEAL CREMATION, REMOVAL 23 SPECIFY DURIAL, CREMATION, REMOVAL 23 SPECIFY DURIAL TREATMENT IN THE COUNTY AND THE	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (0)	Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE TO THE EXAMINATION OF THE TERMINAL DISEASE TO THE EXAMINATION OF THE TERMINAL DISEASE TO THE EXAMINATION OF THE TERMINAL DISEASE TO THE TERMINAL DISE	PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o)	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the underlying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF DEATH P.M. 191. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. FOR THE WORK OF DEATH P.M. 211. LOCATION STREET, FACTORY, FARM, ETC.) 222. L certify that I took charge of the remains described above, held an Autopsy M. Inspection M. Inquiry M. and in my op death resulted from: Notifical causes Accident M.D. ACTUAL SIGNATURE EXAMINER'S NAME Earl L. ROYER, M.D. ADDRESS 409 Camden Ave., Sali URIAL CREMATION, REMOVAL 236. DATE 100-22-81 Mt. Zion Church 236. DATE RECCO, By REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. PREGISTRAR 256. PR

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	1.	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 / / U										
Can		CEASED NAME	FIRST	1	MIDDLE		1AST	i m		. /		DAY YEAR	2b HOUR	
VI	3 SE		llie	4 RACE			S. DATE OF BIRTH		O CER	9	IF UNDER TYEAR	1 40 QM		
		Female	10.		White			1935		6			HOURS MIN.	
5	BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY?			MARRIED NEV	9 BALTIA	9 BALTIMORE CITY OR COUNTY OF DEATH					
:22		Maryland	U.S.			WIDOWED 🕇	Wic	Wicomico			MD			
380	Salisbury			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital (1YPE OF WORK FOR MOST OF Y										
See be	13a	AL RESIDENCE (IF NURSI STATE	Some	THER INSTITUTION		E BEFORE A	MISSION)	DE CITY LIMITS?	13e STREI	TADDRESS	ld L	ane		
aine.	14. F	ATHER'S NAME	M	IDDLE	LA			IER'S MAIDEN N	AME	MIDDLE			ST.	
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Z medica		VAS DECEASED EVER I		WAR OR DATES)	214-				nnson.	ADDRES		Anne	. Md.	
event, the		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)						nson, Princess Anne			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
even		PART I. DEATH WAS CAUSED BY: MERCHANIC FOILURE PART I. DEATH WAS CAUSED BY: HEPAIC FOILURE									10 Days			
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	ATION	PICOLOTIC LEGISTES WITHDRAW SUNDATION SUPERATION WAS PERFORMED 7200 AUTOPSY? 7206. IF YES, WERE FINDINGS USED												
shows on	CERTIFICATION									IN CERTIF	YING CAUSES	OF DEATH?		
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Item /	MEDICAL	OR CONTRIBUTING C	AL EXAMINER)	Р.	М.	n DAI	19							
rked or	MED	21d, INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	LE 🗍	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY O	OFFICE, FAR	M ETC) 211 LOC	ATION		CITY OR TOW	/N	COUNTY	STATE	
S mo		220.1 certify the (1) (this hospital) attended the deceased from 939 , 1981 to 1019 , 1981 the (1) (we) lost												
m 21		saw the deceased alive an 10 \$ 19 \$ and that in (my) (our) aprinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED												
# # # #	-	10000 G C	alin	1				ATTENDING	MEDICA	L STAFF	:	10 G	CI	
Z Z		PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2226. ADDRESS											1 , 1	
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, 2		BURIAL, CREMATION, F	REMOVAL	23b. DATE 10/12	/81		ME OF CEMETERY C	OR CREMATORY	0	CATION ITY OR LOWN		COUNTY	STATE	
M 1/81		UNERAL DIRECTOR	/ ^	10/12	,		CIIMOOG	250. D.		ncess REGISTRAR 2		SSOME RAR'S SIGNAT	rset, Mo	
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	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	7709
oy be	(TYP	CEASED NAME FIRST	MIDDLE	RRAUS	00.01	DAY YEAR 26. HOUR
Poge 42mc directions hours after	3. SE	FEMALE	WHITE	8-23-20	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5 20 A		COUNTRY) V. Y.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	Y OF DEATH MI
hours ofter deor	S	alisbury	Peninsula Ge:	the state of the s	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
fill oulo	130.	MD COUNTY	1201 000	RE ADMISSION) 13d. IN SIDE CITY LIMITS? YES NO R	13e. STREET ADDRESS 535 OCEAN	N PINES
amplete 230	14. F	PHARET LIP	ERRICHE TT	15. MOTHER'S MAIDEN NA FIRST FLORER	ME POE MIDDLE	LAST
Poges		NAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SEC E WAR OR DATES)	URITY NO. 17. INFORMANT	KRAUS B	GRUN, Ms.
s that the death cerificate bed by the ottending physician lease remove carbon papers. icl. cremation, or remavol. or other traumatic event, the		PART I. DEATH WAS CAUSED	y ane cause per line for (a), the for BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ente talles	Hangitis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equire n signe Then p to bu njury,	NOIT	Rhlunen	my autu	DEATH BUT NOT RELATED TO THE TERM	& Olemuly	
AN: The low re hysicion. icate hos beer ronsit permit. Hygiene prior	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
FO FIDE	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
State Book	MED	AT WORK OCCURRED	21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE,	FARM, ETC.) 216 LOCATION STREET	ERI ORTOWN	COUNTY STATE
TTENDIN putal or a TOR. Aft for use of of Health		270.1 certify that (I) (this hospit saw that deceased alive on, above, (I) (we) (slid) add not	ol; attended the deceased from	and that in Imy) (our) opinion	death accurred on the date and ha	that (II (we) lost or and from the covies stated
ALOR A the hos ALDIREC detached ate Dept.		276. SIGNATURE Deynu	Eggar/ 1/m	dado M TATIENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL or retained by the TO FUNERAL should be deto with the State IMPORTANT: If		22d, PHYSICIAM'S NAME (TYPE OR DISTRIBLE)	IC SAGGA	220. ADDRESS 547-12	ANGESIDE	DEIVE
BP	23a (BURIAL, CREMATION, REMOVAL	23b. DATE 10-19-81 S	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Die Mo.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	WERDL JOHESS	BERLIN, MO, 250. DA	OCT 2" 2" 198"	TRANSPORTED AS COM

15	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. N		7 /	1 0
4 moy be		CEASED NAME FIRST	A. RACE	MIDDLE MIDDLE	5. DATE C	DIKITI	O TUBL 6. AGE (IN YEARS LAST BI		Y YEAR 9 1981 UNDER 1 YEAR INTHS DAYS	2b. HOUR 8:3 0 IF UNDER 24 HR! HOURS MIN
death. Poge]	MALE INTHPLACE (STATE OR FOREIGN NEW YORK, CIT)	U.S.		8 MARRIEI WIDOWE		62 9 BALTIMORE CITY OF WICOM	YRS. DR COUNTY O	OF DEATH	
by the filed wife	2	Balisbury	Penins	ula Gen	eral	ROTHER INSTITUTION Hoppital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) FUND RA	OF WORKING LIFE)	126 KIND OI INDUSTRY	F BUSINESS O
hin 24 fille should	130	ATHER'S NAME	COMICO	13c. CITY OR TOW SALISB	URY	13d INSIDE CITY LIMITS? YES NO X	BONHILL	DR.		
De		FIRST THOMAS		PPIN LAST	IDITY NO	FLORENC	MIDDLE		LAST	
e s o e		18 CAUSE OF DEATH IEnter of PARTI. DEATH WAS CAUSE	H. III	0 63-12	- 7959				LISBU	RY MD
aguines that the death certificate a state of the ottending physici. Then please remove carbon copes the burink cremotion, or removal.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)	or as a consequi	ence of	OF HE			N IN PART 110) \
he low on the low of t	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN ING CAUSES	
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O HOSPITAL OR enured by the h TO FUNERAL DIR hould be detected with the State Dea		226. PHYSICIAN'S NAME (TYPE	Cou	wall ,	у р. И. D.	ATTENDING PHYSICIAN [170 ADDRESS 1300 S. DI	MEDICAL STA	Salisbu	10/2 my, M	10/8/
F SICE TUST #	230.	BURIAL, CREMATION, REMOVA	TO/ST			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR WILSON FUNERAL HOME SALTSBURY, MD.

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1	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 1	2	7 7	1 1
11)		CEASED NAME	FIRST	N 102	WIDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
1	(I.	YRLE		E.	I	EUZE		1029	-1981	2:40
0.3	3. SE.		4	RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
		female		Cau	•	5-2	8-12	69	YRS.	DATE OF THE PROPERTY OF THE PR	
3		RTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY?	8. MARRIE WIDOWE	DIVORCED D	9. BALTIMORE CITY C	_	OF DEATH	M
10	S	ALISBURY	5	ALISBU	RY NURSIN	IG HOME (ADDRESS) IG HON	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi:	E WORKING LIFE	12b. KIND C INDUSTRY NON	F BUSINESS O
5	130. S	Md.	GOUNT	line	134 CITY OR TOW Ridgel	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 206 Mary	land	Ave.	
50		THER'S NAME FIRST John I	. Ro		LAST		IS. MOTHER'S MAIDEN NA FIRST B	. Bright		LAS	51
2		VAS DECEASED EVER IN YES, NO OR UNKNOWN)		ED FORCES?	213-22		David Rit	tenhouse		otown	Md.
n	NOI	Conditions, if any, gove rise to imme couse (a), stating underlying cause	diote the lost.	(0)	r as a conseoul	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 10	
2	CERTIFICATION	19a DATE OF OPERATION	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO []
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	JSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RELORPART 2)	
1	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
1		220.1 certify that (1) (t saw the deceased above, (1) (we) (dia 22b. SIGNATURE	alive an (did not)	view the body	ofter death.	, or	d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 1 27e. ADDRESS Medical C	MEDICAL STA ☑ DIRECTOR ☐ PHYSIC	FF	22c. DATE	SIGNED 2 9/3/
1	1	Joseph Burial, CREMATION, RI Burial		23b. DATE 11-2-			EMETERY OR CREMATORY Cemetery	23d. LOCATION CILYOR TOWN Ridgely		county	STATE Md.
31	24. FU	JNEPAL DIJECTOR	30u	lain	Greens	boro	, Md. 254 PA	REC'D BY RECORDERAR	AFREGISTA		arthen

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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1	1 - 3	REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. N	
	1. DECE	ASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	1105
	1 SEX	CHNECES	A RACE	LI HUTON	6 AGE (IN YEARS LAST 8	ex 20 1481 12
	-	2010	1.1//	MONTH DAY YEAR	1/	MONTHS DAYS HOURS MIN
		HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8 1920	9 BALTIMORE CITY	OR COUNTY OF DEATH
36	CO	DREYLAND	11.50	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicom	
30	10 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION ETTER HOSPITAL	12d USUAL OCCUPATION OF THE OF WORK FOR MOST	TION OF WORKING LIFE) 12b. KIND OF BUSINESS O
70	USUAL 130. STA		13c. CITY OR	TOWN 13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS	
	I4. FATE	BYLANDO WITCHER'S NAME	omico witc	LACOS YES NO 15. MOTHER'S MAIDEN	NAME	STREET
20	/	FIRST	MIDDLE LAS	TON EFFIE	MIDDLE	BEANTHEN
1		S DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT	ADDR	RESS
	(YES	NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 213-1	2-5651 MILDRED	GORPER 1	DILLAROS, MARYLA
9	NOI	couse (o), stoting the underlying cause lost. ART 2 OTHER SIGNIFICANT C	CVA	SEQUENCE OF STO DEATH BUT NOT RELATED TO THE TI HICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4	E 2	g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	YES NO URRED (ENTER NATURE OF IN)	YES NO
71		R CONTRIBUTING CAUSE OF DEA		DAY YEAR	TENTER YEAR	on in the top and your and ex-
7 1	\sim	d INJURY OCCURRED	21e. PLACE OF INJURY	216 LOCATION		
	W '				CITY OR T	OWN COUNTY STATE
		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O		CITY OR T	OWN COUNTY STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

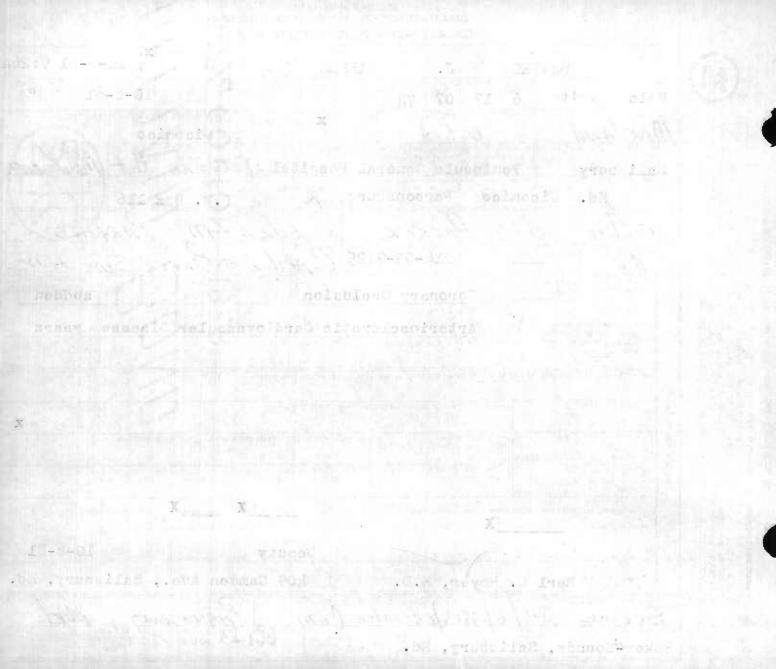
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PRIOR TO BURIA	CALCE		HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (EI	nter nature of injury in item 18 pai	RT 1 OR PART 2)	
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WITH THE		deoth resulted fram: Notural causes	Accident , Sui	cide, Homicide, Ui	ndetermined monner		
RE, MA		ACTUAL SIGNATURE SIGNATURE	X	161	MEDICAL EXAMINER	DATE SIGNED N. 4-8	_
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BA BA	23a.B	RIAL CREMATION, REMOVAL 236. DATE	8-81 232 NAME OF CEA	AETERY OR CREMATORY 23	d LOCATION	Nontry James	2
7 (5))	24 E	NERAL DIRECTOR	ADDRESS 2116 N. 4	AShiry logs Date Recit		RAR'S SIGNATURE	_
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a DATE KNOWN (TYPE OR PRINT) 10-8-81 J. PARKER DANIEL DEATH MATED 2d HOUR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) 07 PRONOUNCED White Male DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FI WITH FORM PM 3. RETAIN PAGE 5 IT. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 M CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE AF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Peninsula General Hospital Salisbury 13e. STATE Wicomico Parsonsburg 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. P.O. Box 116 14. FATHER'S NAME 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR WINKNOWN) LIFYES GIVE WAR OR DATEST 218-03-9125 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL. CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Coronary Occlusion sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED AS 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HI YES [NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY JATHOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STYNORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes TITLE (SPECIFY) 10-8-81 ACTUAL DATE Deputy MEDICAL EXAMINER SIGNATURE 409 Camden Ave., Salisbury, Md. EXAMMER'S NAME Earl L. Royer, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DAT 230 NAME OF CEMETERY OR CREMATORY Baker Bounds, Salisbury, Md. **DHMH - 17** (VR A15 ME (5) 15M 2/80



		CEASED NAME FIRST	There I de la company of the second of the s	Parks	October 23	3,1981 S
	J. 3E	MALE	WHITE	5. DATE OF BIRTH 9/30/22DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 59	MONTHS DAYS HOUR
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2 medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES.	RMED FORCES? 166 SOCIAL SECU 219-14		R G. PARKS F	PRINCESS A
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ony inju	MEDICAL CERTIFICATI	210. ACCIDENT WAS UNDERLYING	EATH HOUR A.M. MONTH DA	19 211 LOCATION		
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See 1991 53. 2, 4 2/10/2 Salishury Peninsula Ceneral Wospiesl HIS MOST STEP ON

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STATE OF MARYLAND

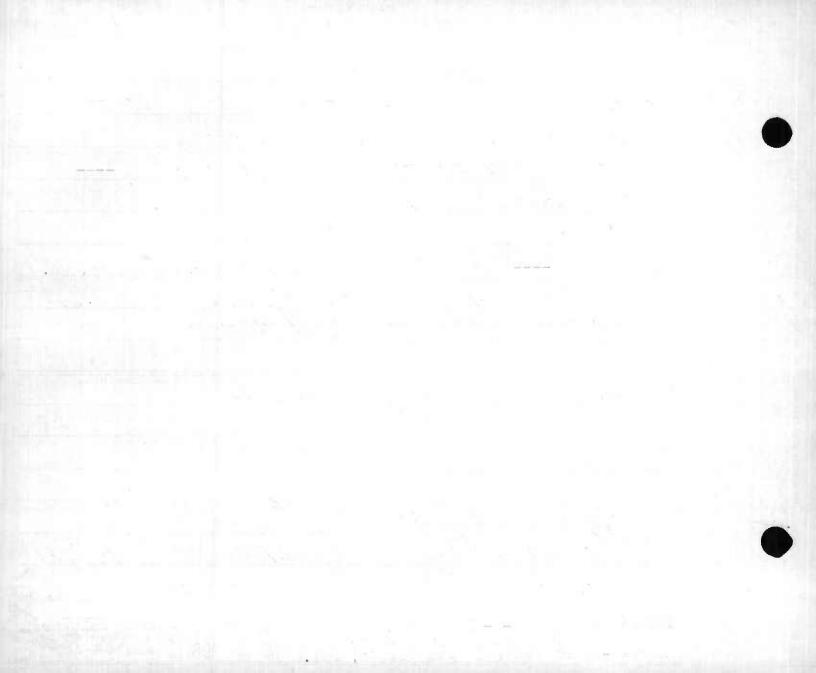
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Marvel-Short

Funeral

(VRA 15, 4) 7/7B



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

Salabbury Peninsula Comoral Rospital

	1	FOR	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE O	de 1 1 la
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	DEC	EASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
	(TYPE	ORPRINT)	Richard	Potit Sn	Octob	11 1001 150
		LIMO	IIICHAPA	Thurst or,	Octob	
4 5 3	SEX	11	1 RACE	S. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHE	MONTHS DAYS HOURS M
	3/	Male	White	10-21-99	83	YRS.
20	e. BIF	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
20	M	204/200	454	WIDOWED DIVORCED	Wicomico	
79	10 CI	TY OP TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
50		Salisbury		General Hospital	643111	Steel Mil
			R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		
85	M	Sauland War	NTY APPOTON SHAME	YES NO P	13e. STREET ADDRESS	
\$ 7 h	A FA	THE S NAME	DISTLI SHOW	IS MOTHER'S MAIDEN NA	ME	
221		11	AIDDLE PLAST !	[FRST	MIDDLE	LA LAST
Sel.	4 11	dann M	enry letit	URITY NO 17 INFORMANT	ADDRES	Hancock
E H	JY	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTION OF WAR OF DATES)	POZZZ D-	D4:11 2110	1013/ DE 1 1000
		NO	- 22/05	7/3/ Wendy 1. 1	Elitt Clay	ment Del 19/00
even		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), or	nd ic.	,	BETWEEN ONSET AND DE
		PART I. DEATH WAS CAUSE	TE CAUSE (0) Cerch	www. alli	14	
in an		4360	DUE TO, OR AS A CONSEQU	ENCE OF A		
		Conditions, if any, which	(whi extra	- 0 11 - 1	. 6 2	
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or other			DUE TO, OR AS A CONSEQU			
ō		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF	The District of COND	NACOL CIVIDADE IN PART I (co.
niury, or	N	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	IENCE OF		
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ws any injury, or	ICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	IENCE OF	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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or tem to shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost part 2 OTHER SIGNIFICANT CALL TO THE SIGNIFICANT CALL TO T	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 211. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED JENTER NATURE OF INJURY	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \limits \text{NO PART 2} \end{array} \)
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- AP 10 ABMS 4 111

The state of the s Elman - Rivisad Peter S. Land P. Hill T. 15/6 11/1/16 10-21-87 83 Amphant 115A Section 15 Good Sharting Saliabury Pontagula Ceneral Bonpical Morning Warrestor Sugar Hill -Till Horn Terit Lucy Peril Laried 18-18-51 White of Hite Said Hill Karlend

14	1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MAN IENT OF HEALTH AN CERTIFICATE O		IENE 8 1	2	7. /	27
ay be age 3 age 3 age 3		CEASED NAME FIRE	ST MI	DOLE	PHIPPAN	/		MONTH DAY	YEAR 2	6 HOUR
Page 4 ma	_	Female /	White		5. DATE OF BIRTH July 31,	1889	6. AGE (IN YEARS LAST BIR	THDAY) IF U		F UNDER 24 HR
uneral di in 72 hou		RTHPLACE (STATE OR FOREIGH OUNTRY) Maryland ITY OR TOWN OF DEATH	U. S.	A.	MARRIED NEV	DIVORCED	BALTIMORE CITY	ico		,
hours after in by the filed with	5	ALI SBURY AL RESIDENCE (IF NURSING IN	UF NOT IN SUCH	FACILITY, GIVESTREET A	INQ Home		126. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS C
thin 24 y filled ould be	Ma	STATE / 13b	COUNTY	Salisbu	TY YESX		street address Popla	r Hill	Ave.	A
complete	Wi	111am Jame		LAST	E		lly Holls		LAST	
ate be exection and colors. Pages 1		(IF YI	ES GIVE WAR OR DATES!	\$ SOCIAL SECUI 221-07-	2396 011		Phippin	Salis		TE INYERVAL SET AND DEATH
: The law requires that the death certificate e has been signed by the attending physician permit. Then please remove carbon papers fene prior to burial, cremation, or removal. shows any injury, or other traumatic event,	CERTIFICATION	Conditions, if any, whis gove rise to immedia cause (a), stating it underlying cause to PART 2 OTHER SIGNIFICATION DATE OF OPERATION	ch ib)	are 3	NCE OF	3 oirel	200 AUTOPSY?	206 JIF YES, WI	G CAUSES O	F DEATH?
INDING PHYSICIAN: TF attending physician. R. After this certificate hat as the burdal-transit permit and Mental Hygiene is marked or item 18 sho	MEDICAL CERT	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA- 21d. INJURY OCCURRED WHILE NOT WHILE	OF DEATH HOUR A.M MINER) P.M. 21e. PLACE OF (AT HOME, STREE	. MONTH DA	19 211. LOCA	ATION	YES NO ED (ENTER NATURE OF INJU			STATE
AL OR ATTE ne hospital or L DIRECTO ached for use 9 Dept. of He		220.1 certify that the (this			and that in (r	ATTENDING _	leath occurred on the d	W Jiele		
TO HOSPITA retained by th TO FUNERA should be dett with the State IMPORTANT	23e E	224. PHYSICIAN'S NAME) AMAC	-011 -	220 ADD	RESS 317 Roc	123d LOCATION	Dae	2 56me	ho
DHMH-16 25M (VRA 15, 4) 1/79	74. FI	purial INERAL DIRECTOR WAR	10-29-	81, St	. Stephe	ens Cem.	CITY OR TOWN		Del.	STATE Varther

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6	1-	tem 8 and FOR STATE REGISTRAR		*	81 GAB STA DEPARTMENT OF DICAL EXAMI	HEALTH	AND MENT		TH .	REG. NO.	7	12	8
22 54 54 55 F.		CEASED NAME E OR PRINT) Lawi	rence	(Larry)	A.	Re	is		OF	NOWN ASTED	10-	16-81	8:37
DIRECTO DIRECTO OUR FILL ON STREE	3. SEX			S. DATE OF BIRTH	1906 6. AGE (IN LAST BIRTH	DAY) MONTE		NDER 24 HRS.	2c. DATE PRONOUNC DEAD	ED Oc	month t.16	DAY YEAR	2d. HOUR
Z Z	FO	RTHPLACE (STATE OF REIGN COUNTRY) W YORK	R	76. CITIZEN OF WI		8. MARRI	ED NEVER /		9. BALTIMO WIC	RECITY OF	-	OF DEATH	MD.
1800	11/2	TY OR TOWN OF D		IF NOT IN SUCH FA	PITAL, NURSING HOACILITY, GIVE STREET ADDRESS la Genera			FOR		TION (TYPE O	OF WORK	or indust	USINESS
SP4/S	13a. S		Pinel	other institution, GI Y las	13c. CITY OR TOWN		13d INSIDE CITY LIA	1152	Add Address	set	Poin	t Road	đ
52		THER'S NAME		MIDDLE	Reis		15. MOTHER'S / FIRST Se	MAIDEN NAMI	MIDI	DLE	Gr	een	
NOISING 3	160. V NO	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARM	ED FORCES? (AR OR DATES)	16b. SOCIAL SECUR		17. INFORMAN		H. Re	ADDRESS	ame wife		
HEALTH AND MENTAL HYGGENE, AL, CREMATION, OR REMOVAL.)		Conditions, if gove rise to couse (o) stoti	ony, which immediate and the under-	BY: CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	for (o), (b), and (c),) Coronary AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TEE	OF OF		N IN PART 1 (g).				BUUCE	
A HEALIN	CERTIFICATION	19a. DATE OF OPE			TION FOR WHICH OPE	H	report t					20 AUTOPSY	
I TO BURIAL, C		21a EXTERNAL CA UNDERLYING CONTRIBUTING	OR		MONTH DAY YE	AR 21c. HC	OO YAULNI WO	CURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART	YES 2	NO L
1201 PRIC	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	RRED	21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OF TOWN		COUN	1TY	STATE
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 \times			of I took charge	L. Roye	~	Autop:	Homicide TITLE (SPECI	ty MED	Inquiry [ner .		10/16	
FA .	1.5	URIAL, CREMATION SPECIFY) emation	, REMOVAL 231		23c. NAME OF C	EMETERY O	RCREMATORY	1994 17	CATION			elawai	
- 17	24. FI	UNERAL DIRECTOR		•	11-12-1-13		25a. [DATE REC'D. B	REGISTRAR	256 REGIS	TRAR'S SIC	LORE	

TP# IN - H-UI Coronary Oreluna

V/	STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	7729
5	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MON OF ESTI-	
FILES. FILES. HOURS TREET,	Gary Lee Renshaw DEATH MATED 1	0-21-81 1:27
FILES. FILES. FOURS TREET,	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MON	TH DAY YEAR 24. HOUR
255	MONTHS DATS HOURS MIN. PRONOUNCED	r 21 1981 M
(種)	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY? 8. MARRIED NEVER	JNTY OF DEATH
3/3	Salisbury, Md. USA WIDOWED DIVORCED WICOMICO	440
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO	RK 126 KIND OF BUSINESS
AL RECORDS, 201	Salisbury DOA Peninsula General Hosp. For Most of Working (196) D. Manager-Sporting	ept. "Store" g goods & auto
\$200 \$300 \$300 \$300 \$300 \$300 \$300 \$300	USUAL RESIDENCE (IF IN NURSING HO AS OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	g Igoods & auto
¥3	13c. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c. STREET ADDRESS VES □ NO □ Rt. Evans Road	
	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
752	Denton Elliott Renshaw Sarah	hristopher
1	16 WAS DECEASED EVER IN U.S. ARMED EDUCES 145 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	
3	166. SOCIAL SECURITY NO. (Father) BOX 25 NO. (PYES, GIVE WAR OR DATES) 214-52-0127 Mr. Denton E. Renshaw,	Salisbury, Md
1	18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
1	PARTIDEATH WAS CAUSED BY: Mil tiple Traine	BETWEEN ONSET AND DEATH
×	IMMEDIATE CAUSE (o) THAT STATE THE AUTHOR	minutes
ENC	Conditions, if ony, which	
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION ©E VIT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gove rise to immediate (b)	
ž	lying couse last.	
]	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
2		
5 —	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
N N	2	
-	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 716. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 2:35. 10-21-51 716. INJURY OCCURRED 716. INJURY OCCURRED 716. INJURY OCCURRED 716. INJURY OCCURRED 717. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 717. STREET CITY OR TOWN	YES NO X
3	UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 2:35 10-21-81 Driver of car, ran off ro	
	CONTRIBUTING CAUSE OF DEATH 2:35 10-21-81 Driver of car, ran off ro	ad.
٦	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] STREET, FACTORY, FARM, ETC.] STREET ST	COUNTY STATE
5	AT WORK AT WORK road Zion Rd., near Salisbury, W	icomico, Md.
_	220 Certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection .	opinian
<0	death resulted from: Natural causes Accident Suicide, Homicide, Undetermined manner,	
	TITLE (SPECIFY)	
<i>j</i> —	SIGNATURE M.D. Deputy MEDICAL EXAMINER SIG	TE 10/24 81
5	EXAMINE'S NAME Earl L. Royer, M.D.	
	ADDRESS 100 CAMADON 120 CA	
8	230. BURIAL CREMATION, REMOVAL 236. DATE 23C. NAME OF CEMETERY OF CREMATORY Salisbury Wicomico Mem. Park Salisbury Wicomico Mem.	COUNTY STATE T
		Mary land
	24 FUNERAL DIRECTOR NAME ADDRESS 250. DEPT DE TRESS ADDRESS	S IGNATURE THE
	HOLLOWAY FUNERAL HOME, Salisbury, Md.	

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STATE OF MARYLAND

They had a ficentian Salisbury Peninsula Ceneral Hospital Control 19 Mingarine Street, of The File Street Service that a different service of the service of

		FOR - STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		7 /	3	
		CEASED NAME FIRST EDIZAD	eth Geiger	RILE	X	October 3	er 31, 1981 7:			
M)	3. SE	Female	4 RACE Cauc.	5. DATE O	br 18 93	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
1/5	Ph:	IRTHPLACE (STATE OR FOREIGN COUNTRY) PA	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE		9 BALTIMORE CITY O Wicomico	R COUNTY O	F DEATH	MD.	
1	S	alisbury	Deer such Carlo	ter"	DR OTHER INSTITUTION	ON F WORKING LIFE)	12b. KIND OF BUSINESS OF			
BS	13a. : Ma:	ryland Ke		'N	136. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS RR 1 Box	161 B			
WHC	1	ATHER'S NAME William	MIDDLE Geiger LAST		15. MOTHER'S MAIDEN NA		1	eopol	ď	
e medico		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU 194-18-7		17 INFORMANT Elizabeth McA	Allister -de		- (se	ame)	
injury, ar ather traumatic event, the medical exam	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONTR	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	Spring.	A80	
lui kuo smo	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFYIN	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES IN NO IN			
18 sh	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		AY YEAR	21¢ HOW INJURY OCCURR	YES NO	,			
orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
IT: If Item 21 is marked or Item		22a. I certify that (1) (this haspi saw the deceased alive an abave, (1)/(we) Idio) (did no 22b. SIGNATURE	tal) attended the deceased from 1931		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	_ MEDICAL STAF	F /	nd from the		
MPORTANT		In Ja Hwang, 1			Deer's Head (Md.	21801	
5	230 B	BURIAL, CREMATION, REMOVAL SPECIFY) LITIAL			EMETERY OR CREMATORY Lows Cemetery	23d. LOCATION CITY OR TOWN Philadelpl	nia '	Pe	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

24 FUNERAL DIRECTOR

Edw. Fellows and Son Millington, MD 21651

Odd Fellows Cemetery

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ARLINGTON, VA 22201

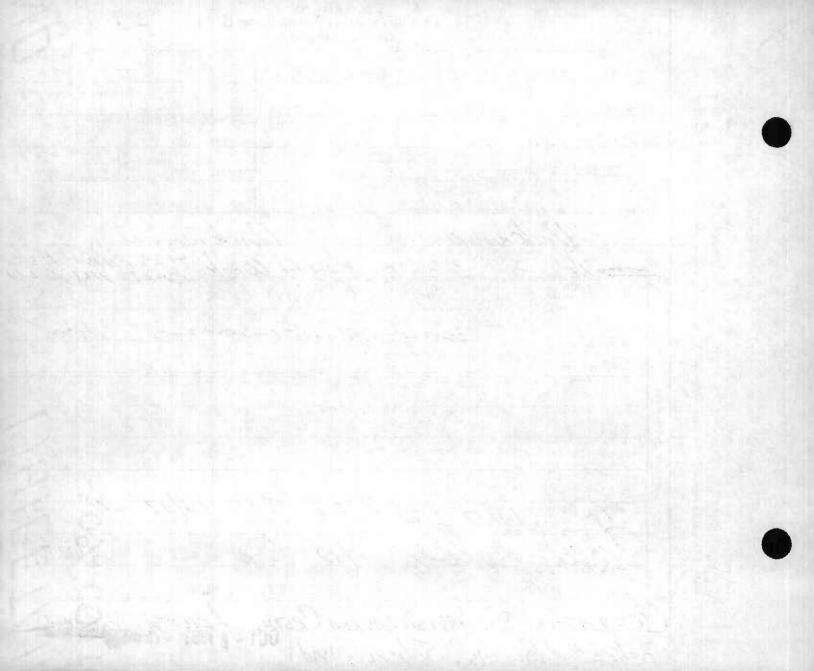
(VRA 15, 4) 1/79

IVES FUNERAL HOME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Cetabor 1, 1981 1155			
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ACCEPTED NAMED IN SEC.			
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	FOR STATE REGISTRAR	D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	27/	3 3
)	1. DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH		26 HOUR
enth 3		DYS	ROGERSON		10 17 1981	6 P.M
20	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONIHS DAYS	IF UNDER 24 HRS
/m	FEMALE	WHITE	12 16 1899	81	YRS.	May.
300	7a. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT CO	UNTRY? 8 12 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
#/	WASHINGTON, D.		WIDOWED DIVORCED &	11 22 0 0 1 1 1 1 1		MD.
bo	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER INSTITUTION VE STREET ADDRESS)	120 USUAL OCCUPATION		OF BUSINESS OR
8/1	SALISBURY		NURSING HOME	NAT'L GEOG.	MAG. MAGA	ZINE
	130. STATE	ME OR OTHER INSTITUTION GIVE RESIDENT 134. CITY	DR TOWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
20		LTO. CITY BALT		301 McMECH	IEN ST.	
7	14. FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	LAS	ST
3300		v Known		nknou	wn	
2 medical		(ES, GIVE WAR OR DATES)	AL SECURITY NO. 17, INFORMANT	11/2 / 4/	23 Ralmie	1. Ave
0	LEW NO		-34-1199 COSEPH C	Ungley /	of my	12/2/1
event, th	18 CAUSE OF DEATH (Er PART I. DEATH WAS C	ter only one cause per line for ra AUSED BY:	(b), and (c) Hin Me	hora	BETWEEN	ONSET AND DEATH
	1/01/2	EDIATE CAUSE (a)	In our portor	2047	16	IR .
motic	7040	DUE TO, OR AS, A GO	NSEQUENCE OF	Meion	2 11	11
trau	Conditions, if any, whi	te)	in a far the	0 300 - 0 1	3 9	12
other	cause (a), stating t underlying cause la	DUE TO, OR AS A CO	NSEQUENCE OF			
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO THE TERM	AINA! DISEASE OF CONF	DITION GIVEN IN PART 1/	
njur			TO TO BEAT DOTTO THE PERM	WIINAL DISEASE ON COINE	MICH GIVEN IN FART II	u.
No.	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDI	
Ows	III.	330		YES NO	IN CERTIFYING CAUSES YES []	NO []
8 sh	710. ACCIDENT WAS UNDERLYIN	1 110110 1 11 11011	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
Hem 4	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	O' DEATH	19			
5	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	VN COUNTY	STATE
morked	WHILE NOT WHILE [AT HOME STREET, FACTORY	OFFICE FARM, ETC))	STATE
		hospital) #ttended the deceased	1 from 19	8,10 /0/	19 8/	that (1) (we) last
21 is	saw the deceased of	ve on / Oh/	, and that in (my) (our) opinion	death accurred an the da	te and haur and from the	couses stated
E	226. SIGNATURE	did not) view the bady after deat	DEGREE .	· · · · · · · · · · · · · · · · · · ·	27s, DATE	SIGNED .
=	1/////	JAMIXX	ATTENDING PHYSICIAN I	MEDICAL STAF		7/9
MPORTANT	724 PHYSICIAN'S NAME	HYPE ORPRINT)	22e ADDRESS	NUMECTOR PHISIC	AN L	101
OR	EARL M. BE	ADDST EV	SAT TORIDY	MD. 21801		6
₹ ·	23g 80 ROAL, CREMATION, REM		12 NAME OF CEMETERY OR SEMATORY	23d. LOCATION		
	18 maz	70/0/0	Day man in Constant	CHYORTOWN	COUNTY)	ne 7 STAN
	24 FUNERAL DIRECTOR	N 1 / 18/1781	DECLINATION CEIN	HRE DAY MAN TRAD	Thomas Office	Street .
1/81	Roken Paul	and 1	PORESS LEAD HAS	1001	Tomas	WSI



	1		STATE OF MARYLAND	0 1 0 7 7 7 1
12/	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL	HYGIENE 8 2 / / 3 4
16	1	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
^		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
5 60		Joseph	H. RUTHERFORN	10 12 81 10th am
1	3. SE		RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(MA)		Male	White 100-11-190	3 78 MONTHS DAYS HOURS MIN.
death. P	/a. B	Browlyn N	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIMORCED	BALTIMORE CITY OF COUNTY OF DEATH WICOMICO MD.
ofter of the followith of with		alisbury	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENDINSUCHE CULTY GIVE STEE ADDRESS ALL HOSPITAL	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF MOST OF WORKING LIFE) LINDUSTRY
be the best of the	USU	AL RESIDENCE (IF NURSING HOME OF OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	Illephone Le.
# H B			OMILE BIVZIVE 13d. INSIDE CITY LIMIT	S? 13e. STREET ADDRESS
ed within	14. F	Mass 2/1	DIE Pieth a Pas Pas 1 15. MOTHER'S MAIDEN	make In MIDDLE LAST
on ond co		NAS DECEASED EVER IN U.S. ARMEI YES NO ORUNKNOWN) (IF YES, GIVE W		Mie Rutherford, Bruthe
physicia npopersimavol.		18 CAUSE OF DEATH (Enter only of PART), DEATH WAS CAUSED B		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ending carbo n, or re		4100	DUE TO, OR AS A CONSEQUENCE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the det the attr remove ematio er trau		Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	al Infantion 15 hours
that d by t leose ial, cre or othe		underlying couse last.	(c)	
equires signed Then ple to burid njury, o	NO	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
on. has been permit, and prior in successions any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N. Thysicic reate reasit Hygie 118 sho	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OC	YES NO YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
ICIAN g phy pertificial-transfer ial-transfer intol H		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	
HYSIG Iding Iding Hen Men Or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 21f. LOCATION	
atten atter ther thin as the I th and	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
NDI ar		22a.1 certify that (his hospital)		
Sprite CTO CTO I for af t		sow the deceased alive on above (1) (we) (did) did not vi	ew the body ofter death.	nion death occurred on the date and hour and from the causes stated
OR ho		226 SIGNATURE	DEGREE	22c. DATE SIGNED
AL D AL D detacted ate D		Lover (1)	Vem Mo ATTENDIN PHYSICIAI	MEDICAL STAFF
DERA DE GE State TANT		22d. PHYSICIAN'S NAME (TYPE OR PRI		7
etained by TO FUNER. Should be owith the Sto		ROGER C. MER	BRILL MD KAY AVE	SALISBURY MO 21801
D # D # 3 #	23a. E	SURIAL CREMATION, REMOVAL 2	36 DATE 23c NAME OF CEMETERY OR CREMATO	
BP		SPECIFY BUY 7	10/16/81 St Charles C	em. Finningtile, Ninter
OHMH - 16 50M 1/81 (VRA 15, 4)	27 11	NAME TON JE	15ch, 00112/108, M)	OCT 14 1981 Zances Can Northen

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HOLLOWAY FUNERAL HOME, Salisbury, Md.

STATE OF MARYLAND

Callabury - Ventraula Coneral capital

	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	271	36
		CEASED NAME FIRST	Simuel And	rew	SIM		20 DATE OF DEATH October 23	MONTH DAY YEAR	26. HOUR 6,00
	3. SEX		4 RACE Black		S. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	AR & UNDER 24 F
on 25		RTHPLACE (STATE OR FOREIG COUNTRY) Marylan TY OR TOWN OF DEATH	7b. CITIZEN OF V	what Country?	WIDOWED	Unk NEVER MARRIED DIVORCED ROTHER INSTITUTION	Wicom		
e natifie	S	alisbury	Deer Deer	HEACILITY, GIVE STREET	Cente:		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		D OF BUSINESS RY
Terminate b	13a. S		Wico.	Salist	oury	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	Head Cent	er Sal
27		FIRST		LAST		FIRST	Unk MIDDLE	2 2 3	LAST
the medico		(AS DECEASED EVER IN U.	S. ARMED FORCES?	Unk	RITY NO.	Deer's He	ad Center		ign!
any injury, ar ather trou	TION	Hyperty	DUE TO, OR St. (c) ANT CONDITIONS CO EMS 1 ON	RAS A CONSEQUE	DEATH BUT N	NOT RELATED TO THE TERMI	remipa	STION GIVEN IN PART	
18 shows an	CERTIFICATION	190 DATE OF OPERATION			OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
morked or Item 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE OF WORK AT WORK	OF DEATH AMINER) P.A 21e PLACE ((AT HOME STR)	M. MONTH DA M.	19	216. HOW INJURY OCCURR 216. LOCATION STREET	ED (ENTER NATURE OF INJUR		?) STAT
If Item 21 is mor		220.1 certify that (I) (this sow the deceased alim	We on did not; view the body of	19	Ju I L	, 19, 19	MEDICAL STAF	te and hour and from t	–, that (1) (we) he couses state TE SIGNED
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STATE OF MARYLAND

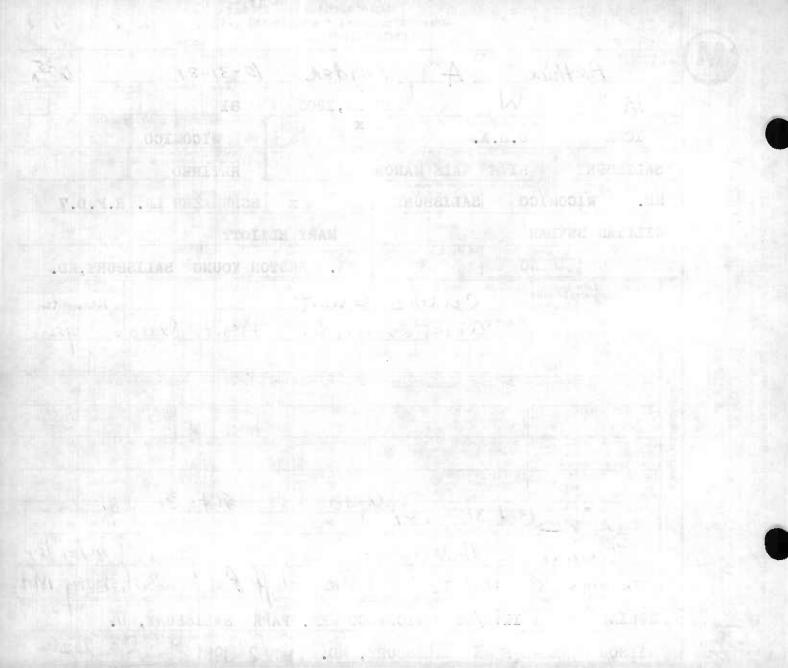
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STATE OF MARYLAND

Chifting E. The Standard of th 1916 White 1-12-39 # # Mayrand 45th Stemmer Salisbury Peningula General Hospital Carrer / Resource Mary Gard Harceston Girlettee CHATON IS SOMETEN SI MINDS LANGE NO .. SABBY CHIEN S. Smaller St. E. Sudkernes Hill The state of the s Burral 18-14-81 Makin's Bully Snew Hill Hardland Norman F. Dennes Sugar Hill All J. W. I. B. San West

STATE OF MARYLAND

FOR



Pocomoke City. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 26 HOUR 1981 IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Davis New Church. Virginaia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

YES [

22c DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR

Melson

- STATE

REGISTRAR

Worcester Md.

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MA)	TYPE OR PRINT)		- 0	MIDDLE		LI AH OC		20. DATE OF DE			AY YEAR	26 HOUR
	SEX	EMN	1 RACE		5. DATE C	Homas		A ACE UNIVERSE		0 2		1:401
de l		ALE		LACK	MONTH	DAY	Ol. 6	6. AGE (IN YEARS		,M	ONTHS DAYS	IF UNDER 24 HRS
01		(STATE OR FOREIGN		WHAT COUNTRY	JULY		946	9. BALTIMORE	CITY OR	COUNTY	OF DEATH	
25	MARYI	LAND	U	SA	WIDOWE	D NEVER MA	ARRIED 📉	Wic	comi	CO		MD
80	Salis	wn of DEATH Sbury	Penins	HOSPITAL, NURS ICH FACILITY, GIVE STRE Sula Ger	ING HOME C	OR OTHER INSTIT	TUTION	120 USUAL OCC (TYPE OF WORK FOR LABO	R MOST OF			OF BUSINESS OR
30	130. STATE MARYLA		OTHER INSTITUTION VTY HESTER	13c. CITY OR TO	WN	46-94	NO []			GLAS	STREE	ET
Wood/	JOSE	IUA	WIDDLE	THOMAS		MAG	GIE		NIDDLE		THOMAS	
2 dedico	TYES. NO OR U	ASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC	CURITY NO.	17 INFORMAN			ADDRES:			
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r to buriol, cremotion, or injury, or other troumatic	underly	ise to immediate (a), stating the ng couse lost.	(c)_	OR AS A CONSEO		NOT RELATED T	TO THE TERMI	nal disease o	r Condi	TION GIVE	N IN PART 16	a ·
ows ony	21g. ACCIO	OF OPERATION	19b COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	200 AUTOPS			WERE FINDING CAUSES	
	OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF DEA NOTIFY MEDICAL EXAMINER) P.	.M. MONTH	DAY YEAR			ED (ENTER NATURE	e of injury	IN ITEM 18 PAI	RT 1 OR PART 2)	
rked or	WHILE AT WORK	RY OCCURRED NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	E FARM, ETC)	21f LOCATION STREET	N	C	ITY OR TOWN	٧	COUNTY	STATE
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24 C40	22b. SIGN	Rodney	a Wen	ruids		PH		MEDICAL DIRECTOR	STAFF PHYSICIA	AN X O	22c. DATE	. / /
MEORTANT	22d. PHYS	RODNE V	A. V	NENRI		KAY	AVE.	SAL	ISB	VRY	md	. 21801
2	(SPECIEV)	BURIAL	23b. DATE 10-3	1-81	BET	EMETERY OR CR		CAME	RTD	GE	Dor.	MD STATE
50M 1/81	4 FUNERAL D	RECTOR 1	a.V	· ST	BRIDG	RF. HO	11230. DAIS	JA D. BY SEC	98 25	REGISTR	AR S SEGMAT	" lather

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	FOR			DEPARTA			ARYLAN		GIENE	Ĭ.	5	7	7	4	2
1	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.										rt.eq				
	DECEASED NAM	AE FIRST		MIDDLE *		L	AST			DATE KN	OWN X		DAY	YEAR	2b. HOUR
	(TYPE OR PRINT)	Virgil	Le	onard		Tow	nsend			OF E	ATED	10-	-13-	81	:181
3. 5	SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR		DER 1 YR.	IF UNDER 24		DATE		MONTH	DAY	YEAR	2d. HOUR
_	Male	White		1900	80 YRS	1110111111	DATS	HOURS /	MIN. PRO	DEAD	Octo	ber	13	1981	11 M
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C						COUN	ITY OF DI	EATH				
	Maryland 10. CITY OR TOWN OF DEATH		USA WIDOWED DIVORCED WICOMICO						MD. OF WORK 126 KIND OF BUSINESS						
1	alisbur		11. NAME OF HO (IF NOT IN SUCH F Peninsul	ACILITY, GIVE STR	REET ADDRESS)			ION	FORMOS	OCCUPAT TOF WORKING Ced F	G LIFF)		Farm	INDUSTR	SINESS
130	SUAL RESIDENCE STATE STATE	(IF IN NURSING HOME OF 13b. COUNTY)	TY	13c. CITY (Salis	efore admission OR TOWN Sbury		13d. INSIDE (IT YES	TY LIMITS? 1	3. STREET	ADDRESS 3, Mt	. Her	mon	Road	1	
14	FATHER'S NAM	NE STATE	MIDDLE		AST		15. MOTHER	R'S MAIDEN		MIDD				AFT	
	Leonard	Fra	nklin		msend		Jenn	ie	- 1	Laura			Cart	er	
	(YES, NO, OR UNKN	ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		AL SECURITY		17 INFORM				ADDRESS	_			
N	10				20-6182	. N	rs. D	oris M	1. To	wnsen	d (wi	fe)	same	as	13
O 166 N	Condition gave cause (c	OF DEATH (Enter online ATH WAS CAUSED IN IMMEDIAT IN IMMEDIAT IN IMMEDIATION IN I	DBY: E CAUSE (a) C DUE TO, OF	orona R AS A CONS	TY OC SEQUENCE O		ion						BETWE	PROXIMATE EEN ONSET Udd	AND DEATH
2	0	FOPERATION			EO TO THE TERMIN				1 (a).					UTOPSY?	NO 🕱
		AL CAUSE WAS GOR ING CAUSE OF E		M. MONTH	DAY YEAR	21c. HO	W INJURY (OCCURRED	(ENTER NATU	JRE OF INJURY	IN ITEM 18 PA	ART 1 OR PA			
710361	21d INTURY	OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY CTORY, FARM, ETC	(AT HOME,	21f. LOC.	ATION		CI	ITY OR TOWN		co	DUNTY		STATE
	ACTUAL SIGNATURE	A NAME	ol couses X	Accident	, Suic	Autopsy	Hamici TITLE (SP	PECIFY)	Undeterm MEDICA	Inquiry K	er		ED 10/		′81
73	BURIAL CREM	ATION, REMOVAL 2	L. Royer		AME OF CEM				23d. LOCA		, sai	TSD	шу,	riu,	
В	Burial		0/16/81		comico		rial	Park	Sali	sbury					land
	NAME	FUNERAL I	OME Sal	isbury	. Marv	land	2	OCT	C'D. BY RE		25b. REGIS	TRAR'S		athe	N.

WER III- IE.I

	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 1 27743
L	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME PE OR PRINT) Clave	ence William Truitt	October 19. 1981 25 HOUR
3. SI		White 12 2 43	6. AGE (IN YEARS LAST BIRTHDAT) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS.
35	BIRTHPLACE (STATE OR FOREIGN)	U.S.A. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH WICOMICO ME
		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 122 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 125 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 127 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE)
35 Ost	JAL RESIDENCE (IF NURSING HOME OR O STATE 136, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13. STREET ADDRESS R.F.D.
14 F	ATHER'S NAME Michel	AIDDLE Trult Annie	ME MIDDLE TYUTT
	WAS DECEASED EVER IN U.S. ARA	AED FORCES? WAR OR DATES) 218-20-3142. Fisie Altr	witt Rt 1 Box 197 Willards Md.
r ather traumatic event,	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c)	Adaphylums) Adaphylums)
NOI NOI	PART 2 OTHER SIGNIELS ANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 110
S shows any injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
arked or Item	21d INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
n 21 is me	220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	10//0 19 8 and that in (my) (our) apinion	death accurred on the date and hour and from the causes stated
ZT: # #en	22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN
MPORTANI	JOSEPH 2	BADROS 22	IS BURY md 21801
230.	BURIAL, CREMATION, REMOVAL (SPECIFY BUYIA)	10/12/81 New Hope Cemetery	Willards Wicginian Md
81 24 F	ANAME A.B.	urbase_ ADDRESS Berlin Md 25000	Free D of 1987

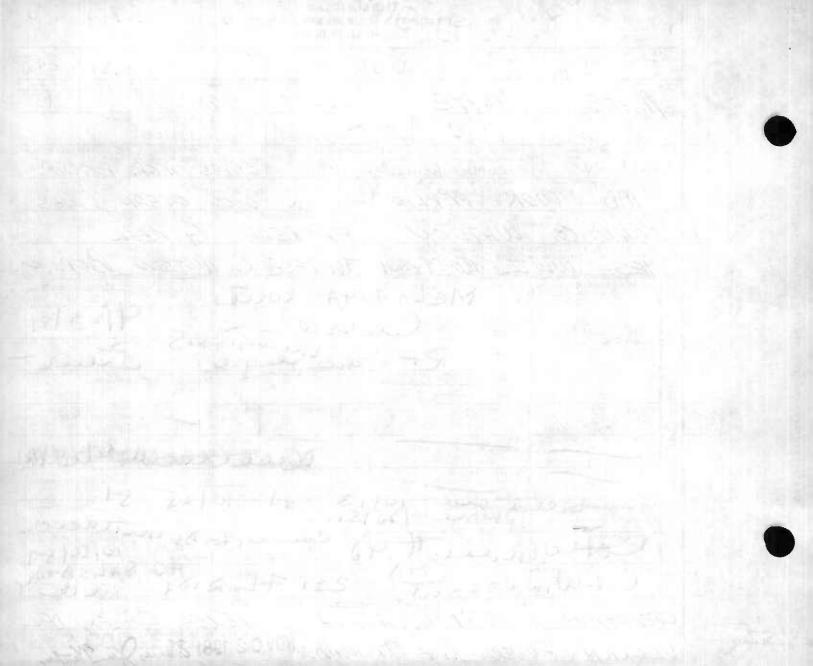
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4	FOR STATE			MI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 27/44 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
		REGISTRAR CEASED NAMI	F FIRST	///	REG. NO							2b. HOUR	
WHATE		E OR PRINT)	ALON	70	Zu. DATE KNOWN TY MC						0-10-81	10:30	
A CHEST	3. SEX		4. RACE	5. DATE OF BIRTH	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR, IF UNDER 24 HRS. 7c. DATE MONTH							2d. HOUR	
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AND THE SHAPE	Je BI	RTHPLACE 15	TATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED TO BELLIMORE CITY OR COUNT							INTY OF DEATH		
DANS SA	Md.			7.5.A. WIDOWED DIVORCED WICOMICO								MD.	
SHOES OF	S	alisbu	ry	IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT INJUCH FACILITY GIVE STREET ADDRESS) Peninsula General Hospital To Be working life)						OR INDUS	OR INDUSTRY		
AND 3	USUAL RESIDENCE (IF IN MURSING HON 130. STATE Md. Son				Deal Is	and	13d INSIDE CITY LIMITS? YES NO	13e. STREET					
	14. FA	THER'S NAME		WIDDIE	TAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST		
OF VITE		Alor	סבס	\ \	Vallace	54,	Alic	e	E	E.	ones		
	160. V	AS DECEASES, NO, OR UNKNO			213-44-0		Debota	Wall	ace P.C	DRESS		Island	
HOURS MA 18. G WIT. P RMIT. P I.L.		18 CAUSE O	F DEATH (Enter only		e for (a), (b), ond (c).)						APPROXIMA BETWEEN ONS		
ON S ONG ONG ONG SIENE		PARTIDEATH WAS CAUSED BY: G								year	8		
EST IIN 2 IN 1 S ALL SSIT F HYG MON		Conditions, if ony, which											
WITHIN WITHIN SINCIL IN AINER A TITAL HYS	-	gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF											
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18, EXAMINER ALONG WITHIN ALL HYGIENE, D MENTAL HYGIENE, D N, OR REMOVAL		lying cause lost.											
L RECORDS, 201 W. PRESTON ST., BALTIMA ULD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 18. GIVE PA ET MEDICAL EXAMILER ALONG WITH FOR ET ARBIGAL TRANSIT PERMIT. PAGES I HEALTH AND MENTAL HYGIENE, DIVISION I IL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io.											
ULD WED A	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPS	?			
F VITAL RE TE SHOULD WORD "PEI TE CHIEF WORD SE USED A SENT OF HEA	TIFE							200	35		YES 🗆	NO 🛣	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBD TO THE CHIEF ROBD THE	CAL CE	UNDERLYING CONTRIBUTI	NG CAUSE OF D	EATH P.	M. MONTH DAY YEA	R 21c H	OW INJURY OCCURR	RED (ENTERNAT	URE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)		
1244 × ±	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	c	TTY OR TOWN		COUNTY	STATE	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		22a. I certi deoth results ACTUAL SIGNATURE	,	e of the remoins de of causes .	escribed above, held an Accident , S	Autop uicide	y , Inspection, Homicide , TITLE (SPECIFY)	Undeterm	Inquiry X,	and in my DAT	opinian	-81	
MEDIC RECUTE 1 SCEN 4 S A FEN 4 S A FUNEI A TITER DE		EXAMPJER'S NAME Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Salisbury, Md.											
BP	(5	Burn	TION, REMOVAL 23	0-17-8		METERY	SCU	Deo	IIsla	nd		44	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	m. Jai	mes, Pri		Anne, Md.		PSo. DATE	T 191	981	REGISTRAT	Son Narth	low	

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	1	FOR		STATE OF MARYLAND	81 27/46					
	1	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O 1 2 7 7 7 9 9 1 1 2 7 7 7 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	1.06	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 28 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
3 /56		JOHN	G	WATSON	10-25,81 8050					
注 (難用)	3 58		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
		MAKE	WHITE	MONEH 22 - 15	66 YRS. MONTHS DAYS HOURS MIN					
The Show		RTHPLACE ISTATE ON FOREIGH	L CITIZEN OF WHAT COUNT	MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH					
	1	ITY OR TOWN OF DEATH	U JJ	WIDOWED DIVORCED DIVORCED RISING HOME OR OTHER INSTITUTION	WICOMICO					
or the off	1/3	AlisBury	IF NOTING OF HOSPITAL, NOT	REET ADDRESS]	12% USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
M PR PR	USU 13e.	AL RESIDENCE IN NURSING HOME OF COUNTY	THER INSTITUTION GIVE RESIDENCE IN	EFORE ADMISSION)	13e STREET ADDRESS					
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2 th 2 th	HILF.	ATHER'S NAME	DOLE /// LAST	15. MOTHER'S MAIDEN NA	AME MODILE LAST					
1	4	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS					
be ex pages pages the m		YES, NO OR UNKNOWN) [IF YES, GIVE	WAR OR DATES)	9-2561 THEREST	L. WATSON BERLIN					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18 CAUSE OF DEATH (Enter only	y one cause per lige for joi, (b)	, and ich	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
phy pap emo		PART I. DEATH WAS CAUSED	BY. W=	LANDMA W	CCL					
oth of the control of	1	1729 DUE TO, OR AS A CONSEQUENCE OF								
the design of th	1	Conditions, if any, which (b)								
t the removed to the control of the	1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF \	asiasis e					
Tall to y	1	underlying cause last	(c)	totemine	exite obline.					
Sign Village	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1101					
	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED					
The phow	18	DATE OF OPERATION	138 CONDITION TOK WIT	ICH OF ERATION WAS FERI ORMED	IN CERTIFYING CAUSES OF DEATH?					
A PER	1 6	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)					
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A STATE OF A	MEDICAL	THE INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION	active to the second					
andi- andi- arter the b	1 ×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC) STREET	CITY OR TOWN COUNTY STATE					
ENG Seattle		220.1 certify that the this house	Companyed of Deceased In	m 10 (13 198	to 10 23 19 , that (IT two) to					
TATT OF USE	1	sow the deceased alive on above, (I) (we) and (idd not)	phone	old () and has in (my) (our) opinion	deoth occurred an the date and hour and from the causes stated					
houp head f		276 STGNATURE	view me dody differ dedin.	DEGREE CALL	ME TOS DIE VIVE DATE SIGNED					
TAL The Date of th		14400	moraci	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 10/16					
HOSPITAL inned by the FUNERAL uild be detail in the State CORTANT:	1	224. PHYSICIAN'S NAME ITYPE OR	PRINT	220 ADDRESS	AJ SALISBADO					
O HOS tained D FUN outs be the the	0.0	101+M1	WNACOT	T 231=	TLORIDA JANES					
도는 도움을 줄	236.	OURIAL, CREMATION, REMOVAL	23b. DATE 2	JE NAME OF GEMETERTOR CREMATORY	23d. LOCATION CITY OF TOWN COUNTY STATE					
BP	(KEMATION	10-28-81	DELMARUA	LEWES, SUSSEX, DEL					
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRÉSS	B 125 NPA	TE REC'D. BY REGISTRAR'S SIGNATURE					
(VRA 15, 4) 1/79	1/	11. PICH H	UNERDI LA	F EERLIN MID INO	1 4 1901 drunces Va W.					



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) DAY YEAR W 04 To. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND Wicomico WIDOWED D DIVORCED [I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Peninsula General Hospital Salisbury 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WICOMICO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME VARSONS OHN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE .Orman Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause ATH BUT NOT REMITED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITA ART 2. OTHER SIGNA are knowly CERTIFICAT 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO YES NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (I) (we) (did / did nat) view the body after death

and that (my lour) opinion death occurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING & MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

22b. SIGNATURE

230. BURIAL CREMATION, REMOVAL 23b. DATE

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION

(VRA 15, 4)

DHMH - 16 50M 1/81

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12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY RETIRED LABORER 130. STREET ADDRESS hort Street ADDRESS Salisbury Peninsula General Hospita CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE 10 81 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED -10-8 DIRECTOR PHYSICIAN 250. DATE REC'D. BY REGISTRAR 25b. REGISTRA DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MED

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After this certificate hos been

should be detached for use as the burial-transit permit. Then with the State Dept. af Heolth and Mental Hygiene prior to bi

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MPORTANT: If Hem 21 is

in 24 hours after death. Page 4 may be

Ľ	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.					
	ECEASED NAME FIRST PE OR PRINT) Rich	ard AI	LLISON		ILSON	2a. DATE OF DEATH October		YEAR	10:20 P			
3. S	EX	4. RACE		5. DATE (6 AGE (IN YEARS LAST		ERIYEAR	IF UNDER 24 HRS			
	MALE	WHITE		JAN.	2,1922	59	YRS.	DAIS	HOURS MIN.			
la. I	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH		MARRIE WIDOWE	NEVER MARRIED DIVORCED DI	BALTIMORE CITY Wicom	OR COUNTY OF DI	EATH	MD.			
10. 4	Salisbury	11. NAME OF HOS (IE NOT IN SUCH FA	SPITAL, NURSING	HOME O	OR OTHER INSTITUTION	128 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
13a	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUI MD VICO	NTY 13c	ERESIDENCE BEFORE A L. CITY OR TOWN IEBRON			13. STREET ADDRESS	BOX 24					
14. F	ULYSSES U.	WILSON	LAST		LUCY PHI			LAST				
	WAS DECEASED EVER IN U.S. AR	/E WAR OR DATES			17 INFORMANT ADDRESS							
	NO	2	15-18-	4497	A UPTOM WIL	SON HEB	RON, MD.					
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS	lletu	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OF CO	NDITION GIVEN IN	FINDIN	GS USED			
MEDICAL CER	TIL ACCIDENT WAS UNDERLYIND CON CONTRBUTING CONTRBUTING COURSED THE INJURY OCCURRED SMALL CONTRBUTING COURSED AT MODES AT MODES	HOUR A.M. P.M. 214 PLACE OF I	MONTH DAY	19	THE HOW INJURY OCCURR THE LOCATION LIMIT	had the	ORN. PHITEM 18. PART 1-OR	FART 23	STATE			
	27s. I certify that (I) (this haspi stay the deceased alive an above, (I) (we) (did) (did no	WELLIAM WAS THE WARE	10		d that in (my) (our) opinion d	leath accurred on the			not (I) (we) last auses stated			
	228. PHYSICIAN'S NAME (TYPE)	du a	>			MEDICAL ST.	AFF	c. DATE S	IGNED			
	L.V. Maldy				Deer's Head	Center, S	alisbury,	Md.	21801			
23a	BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR CREMATORY CEMETERY	23d LOCATION CITYOR TOWN HEBRO	N. MARYI	AND	STATE			

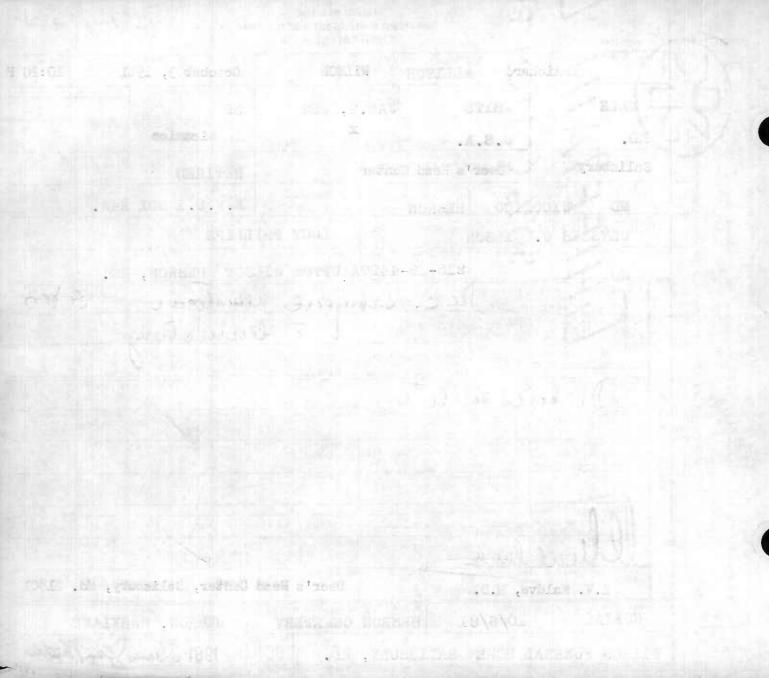
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR
WILSON F SALTSBURY, MD. FUNERAL HOME

HEBRON, MARYLAND CEMETERY OCT 5 1981 Connes



15	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 27/5									
19	1	REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
	1. DECEASED NAME FIRST (TYPE OR PRINT)				MIDDLE		LAST	20	OF ESTI-	7.0			
ELES SA							IGHT		DEATH MATE	x 10.	-26 7,81 2A _M		
20228	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR LAST BI	THOAY) MONT		DER 24 HRS. 20	DATE RONOUNCED	HTMOM	DAY YEAR	2d. HOUR	
(長)	-	Female AA		3 2 19 62yrs.					DEAD	10-2	19 M		
· 公司 · 三日 · ·	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY							Y OF DEATH		
AND STANK	10.0	DELAWA		U.S.A WIDOWED & DIVORCED Wicomico								MD.	
SEGENT S	10. C	ITY OR TOWN		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Tolkertic					(TYPE OF WORK	126 KIND OF BU OR INDUST			
20 mg	11011	Salis	2	Peninsula General Hospital Domestic OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!									
21201 AND 3 T RETAIN HOULD B		TATE Md	13b. COUN Wic	mother institution, Giv TY Omico	13 CITY OR TOW Salisb	ury	13d INSIDE CITY LIMIT	13e. STREE	olo Lal	ke St.	Salis indi		
MD.	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M.	AIDEN NAME	MIDDLE		LAST		
H 380 23		A CXHI	NER		GAINE	5		elah	Allouzz	1	LEWIVEL	1	
BALTIMORE S AFTER DEA S GIVE PAGES WITH FORM P P PAGES I AN DIWISION OF	160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	4	ADD	RESS	-16	- 11	
A SA		No			219-05-	3727	GLORIA	(APRIC	GAN &	19 PRIC	e Rd 3	Ma	
: 50≥ -		18 CAUSE OF	DEATH (Enter an	ly ane cause per line	far (a), (b), and (c).				-		APPROXIMATI	T AND DEATH	
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ALK SIT F		400	9	DUE TO, OR	AS A CONSEQUEN	CE OF					2.70		
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AAMIN AAMIN A		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF											
CUTED IN P		(c)											
IL RECORDS, 201 W. PRESTON S VILD BE EXECUTED WITHIN 24 HC "PENDING" IN PENCIL IN ITEM FE MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PERV FHEALTH AND MENTAL HYGIENI AL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN	IN PART 1 to					
FEAL SEL	CERTIFICATION	190. DATE OF	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	?		
VITAL SHOU! ORD " CHIEF TTOF H BURIAL	문											YES NOX	
OF VI		21a EXTERNA		21b. TIME OF		21c. H	OW INJURY OCCU	JRRED (ENTERNA	TURE OF INJURY IN ITE	M 18 PART I OR PAR		14020	
A SHOWER	1 ×	UNDERLYING	OR IG CAUSE OF I			EAR							
DIVISION S CERTIFIC RITING TH REDED TO S 3 SHOUL E DEPARTI OI PRIOR	MEDICAL	21d INTURY O	CCURRED	21e PLACE C	OF INJURY (AT HOM	E. 21f. LC	CATION			,			
	1	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN	COU	INTY	STATE	
ER: THI ATE, W ORWA NR: PAG TE STAT VD, 212				e af the remains des	cribed abave, held	in Autop	sv Inspe	ection X	Inquiry X	and in my ap	inian		
ZO~Z≒€		22e certify that taak charge of the remains described abave, held an Autapsy , Inspection Inquiry A and in my apinian death resulted fram: Natural causes Accident , Sujcide , Hamicide Undetermined manner ,											
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A STATE OF THE STA		ACTUAL SIGNATURE_	1	11/2		N	Deput	V	AL EXAMINER	DATE	10-26	0-0T	
MEDIC CUTE THE A SHE A SHE WERE DEADER	-				X W D		1.00					MA	
		EXAMINER'S I	NAME Earl	L. Roy	er, M.D.		ADDRESS 409	Camae	en Ave.	, part	.soury,	Mu.	
5 P P P P P P P P P P P P P P P P P P P	23o. B	URIAL CREMAT	ION, REMOVAL 2		-	. ^	R CREMATORY	23d. LOC CITY OR	ATION	CQUN	ity s	TATE (
BP		BURI		10-31-8	1 GREE	NO ARC	ES	541	isbury	Wice	c N	ld.	
DHMH - 17		UNERAL DIRECT		t, Sarr	ahung. N	16.	250	CTTO	981	REGISTRAR'S.SI	in latter		
(VR A15 ME (5))	_	TTHEON	Premai	o, Dall	soury, r	14.				0			

als to fill in IV and I TOTO CAKE SEC. 1 N THE PLANT OF LEGISLATION mysery angesti melvocavel gall aviares tenva DG-03-DE TO-03-DG-03-DG-03-DG-03-DG-03-DG 1 09 Candon Syn. , Salkonnesd. Branch . I Pro-. No. Standard . Semesta com